



භාණ්ඩාගාර මෙහෙයුම් දෙපාර්තමේන්තුව
 திறைசேரி செயற்பாடுகள் திணைக்களம்
 Department of Treasury Operations

කැ.පෙ.1559, මහා භාණ්ඩාගාරය, මුදල් හා ජනමාධ්‍ය අමාත්‍යාංශය, කොළඹ 01, ශ්‍රී ලංකාව
 தபெ.1559, பொது திறைசேரி, நிதி மற்றும் வெகுசன ஊடக அமைச்சு, கொழும்பு 01, இலங்கை
 P.O.Box: 1559, General Treasury, Ministry of Finance and Mass Media, Colombo 01, Sri Lanka

අධ්‍යක්ෂ ජනරාල් பணிப்பாளர் நாயகம் Director General	දුරකථන தொலைபேசி Telephone	+94 11 2484729	ෆැක්ස් பெக்ஸ் Fax	+94 11 2431498	ඊ-මේල් மின்-அஞ்சல் E-mail	dgto@tod.treasury.gov.lk
මගේ අංකය எனது இல My Number	TO/DCM/DIML/2018		ඔබේ අංකය உமது இல Your Number	දිනය திகதி Date		
						04.01.2019

All Secretaries of Ministries,
 Heads of Departments and
 District Secretaries.

Collection of information for the determination of annual imprest limit to each and every Ministries and Departments under the budgetary provisions provided in the Vote on Account 2019

You have already received the imprest authority for 1st four months of 2019 as per the Vote on Account passed by the Parliament.

Therefore, you are kindly informed to submit your expenditure estimate plan as per the F.R. 367 (a) for the first four month of the year 2019 based on allocations provided in the Vote on Account under your institution, using the formats TOD/IMP/1, TOD/IMP/2, TOD/IMP/3, TOD/IMP/4 and TOD/IMP/09 attached herewith on or before 16th January 2019 to this Department.

Since, the determination of imprest limits for releasing funds to your Ministry/ Department is vital, please give your priority in this regard.

Sgd: / C.J.K.Perera
 Director General,
 Department of Treasury Operations.

Copy: Auditor General
 Director General, Department of National Budget.
 Director General, Department of State Accounts.

Application for Annual Imprest Limits for the Year - 2019

Format No:TOD/IMP/1

(Duly Filled formats should be submitted on or before 16-01-2019)

Name of the Ministry/Department/District Secretariat:

Expenditure Head :

Rs.'000

Group	Description of Budgetary Provision								Total Provision	Deductions					Total Deductions	Allocation from Other Depts.	Imprest Limit	Revenue Estimate/ Deposits/ Other Collections	Imprest Req. from the Treasury	
										Cross Entries	Allocation to Other Depts (TOD/IMP/03)	Allocation to D/Sec (TOD/IMP/03)	Grants to Gov. Institutions	Foreign Aid loan-12						
									(1)	(2)	(3)	(4)	(5)	(6)	2+3+4+5+6 = (7)	(8)	1-7+8 = (9)	(10)	9-10 = (11)	
(1)	Programme Services (Recurrent Expenditure)																			
	Programme	Salaries(1001-1003)			Other Allowances paid with the salary		Others													
	1	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	X	X	XX	..	XX	..		
	2	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	X	X	XX	..	XX	..		
	3	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	X	X	XX	..	XX	..		
	Sub Total -1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX*	XXX	XXX	X	X	XXX	XXX*	XXX	..	XXX		
(2)	Programme Services (Capital Expenditure)																			
	Programme.	Consolidated Fund (11)	F.A.Loan (12)		F.A (13/16)		R.F.A (14/15)													
			D.F (17)	F.A. Loan (12)	D.F (17)	F.A (13/16)	D.F (17)	R.F. (14/15)												
	1	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	..	XX	XX*	XX	
	2	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	..	XX			
	Sub Total - 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX*	XXX	XXX	XXX	XXX	XXX	XXX*	XXX	XXX	XXX	XXX	
(3)	Deposit Account								XXX*	..	..	..			..	..	XXX	..	XXX
(4)	Public officers Advance Account								XXX	..	..	..			..	..	XXX	..	XXX
(5)	Other Advance Accounts								XX*	..	..	..			XX	..	XX	..	XX
	Sub Total - 3								XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Grand Total (1+2+3)								XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

All the information given in the above table are certified as correct.

Prepared By:.....

Checked By:.....

Chief Financial Officer/Chief Account/Director (Finance) - Signature :

- Name :

- Official Stamp

E-mail :

Telephone No :

Date :

* Detailed calculations should be give in a separate sheet

Statement of Monthly/Quarterly Cash Flow as per approved Expenditure Plans for the year 2019

Name of the Ministry/ Department/District Secretariat:..... Head No:

	Expenditure items (with Expenditure Codes)	Cash Requirement for the approved expenditure plans															Rs.'000	
		Jan.	Feb.	March	Ist Qtr Total	April	May	June	2nd Qtr Total	July	Aug.	Sep.	3rd Qtr Total	Oct.	Nov.	Dec.	3rd Qtr Total	Grand Total
I	Salaries and allowance (1001 and 1003)																	XXX
	Other Allowances paid with salary(Except object code 1003)																	XXX
II	Overtime and Holiday pay (1002)																	XXX
III	All other Recurrent Expenditure																	XXX
	Total Recurrent																	XXX
IV	Reimbursable Foreign Aid																	XXX
V	Other all Capital Expenses																	XXX
VI	Public Officers Advance Account																	XXX
VII	Deposit Accounts																	XXX
VIII	Other Advance Accounts																	XXX
	Grand Total																	XXXX *

All the information given in the above table is certified as correct.

Prepared By:.....
Checked By:.....

Chief Financial Officer/Chief accountant / Director (Finance) - Signature :.....
- Name :.....
Date

* This amount should be tallied with grand total in column no.11 of the Form No:TOD/IMP/01

- Official Stamp

Monthly Imprest Application
for the Month of 2019

(Dully Filled formats should be submitted on or before the 3rd working day of
Each month)

1. Name of the Ministry/Department/District Secretariat :.....Head:.....
2. Bank Balance at the end of last month : Rs. as at/...../2019
3. Cash Book Balance at the end of last month : Rs. as at/...../2019
4. Details of Imprest requirement for the reporting month:

Categories of Imprest (i)	Exp: Code (ii)	Annual Imprest Limit (iii)	Imprest released by TOD upto the end of last month (iv)	Balance Imprest Limit at the end of last month (iii)-(iv)=(v)	Imprest requirement for the reporting month (vi)	Imprest required date (vii)
Personal Emoluments-Sub Total (a+b)		xxxx	xxxx	xxxx	xxxx	xxxx
Salary-a		xxxx	xxxx	xxxx	xxxx	xxxx
Salaries & Wages	1001					
Overtime & Holiday Payments	1002					
Other Allowances	1003					
Other Allowances paid with Salary -b		xxxx	xxxx	xxxx	xxxx	xxxx
Fuel Allowance	1202					
Transport	1401					
Telephone Allowance	1402					
Housing Allowance	1404					
Housing/Property Loan Interest	1506					
Other						
Other Recurrent - Sub Total (a+b+c)		xxxx	xxxx	xxxx	xxxx	xxxx
Other Recurrent- a		xxxx	xxxx	xxxx	xxxx	xxxx
Travelling Expenses	1101/1102					
Stationary & Office Requisites	1201					
Fuel	1202					
Diets & Uniforms	1203					
Medical Supplies & Other	1204/1205					
Vehicles	1301					
Plant & Machinery	1302					
Building & Structures	1303					
Transport	1401					
Postal & Communication	1402					
Electricity & Water	1403					
Rent, Local Taxes & Other	1404					
Other	1405					
Special Projects - b		xxxx	xxxx	xxxx	xxxx	xxxx
	1504					
	1508					
Allocation received From Other Ministry / Department - c		xxxx	xxxx	xxxx	xxxx	xxxx
Capital Expenditure-Sub Total (a+b+c)		xxxx	xxxx	xxxx	xxxx	xxxx
Other Capital - a		xxxx	xxxx	xxxx	xxxx	xxxx
Building & Structures	2001					
Plant, Machinery & Equipment	2002					
Vehicles	2003					
Vehicles	2101					
Furniture & Office Equipment	2102					
Plant, Machinery & Equipment	2103					
Building & Structures	2104					
Staff Training	2401					
Special Projects - b		xxxx	xxxx	xxxx	xxxx	xxxx
Investments	2502					

Categories of Imprest	Exp: Code	Annual Imprest Limit	Imprest released by TOD upto the end of last month	Balance Imprest Limit at the end of last month	Imprest requirement for the reporting month	Imprest required date
(i)	(ii)	(iii)	(iv)	(iii)-(iv)=(v)	(vi)	(vii)
Foreign Finance Associated Cost(Finance Code -17) - c		XXXX	XXXX	XXXX	XXXX	XXXX
Allocation received from other Ministry/ Department - d		XXXX	XXXX	XXXX	XXXX	XXXX
Foreign Grant (Finance Code - 13)		XXXX	XXXX	XXXX	XXXX	XXXX
Deposit Account		XXXX	XXXX	XXXX	XXXX	XXXX
P.O.Ad.A/C -Sub Total		XXXX	XXXX	XXXX	XXXX	XXXX
Special Advance/Festival Ad.						
Distress Loan						
Grand Total		XXXX	XXXX	XXXX	XXXX	XXXX

It is certified that the above information are comply with approved Budget Estimates, Imprest Authority & other Ledger balances.

Prepared By :-
Checked By :-
Email :-
Telephone :-

Chief Financial Officer/Chief Accountant/ Director(Finance) - Signature :-
- Name :-
Date:-
- Official Stamp

Name of the Ministry/Department/District Secretariat:

Format No: TOD/IMP/9

Expenditure Head :

(Duly Filled formats should be submitted on or before 16-01-2019)

Estimates for Allowance paid with Salary (Except object code 1003) for 2019

Type of Allowance	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Fuel													xxxx
Transport													xxxx
Telephone													xxxx
Housing													xxxx
Property loan Interest													xxxx
Other													xxxx
Total	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx	xxxx

All the information given in the above table is certified as correct.

Prepared By :-

Checked By :-

Chief Financial Officer/Chief Accountant/ Director(Finance) - Signature :-

- Name :-

- Official Stamp

Date :-