

මුදල්, ආර්ථික ස්ථායීකරණ සහ ජාතික පුතිපත්ති අමාතාහාංශය நிதி, பொருளாதார உறுதிப்பாடு மற்றும் தேசியக் கொள்கைகள் அமைச்சு MINISTRY OF FINANCE, ECONOMIC STABILIZATION AND NATIONAL POLICIES

	සාලය, කොළඹ 01, ඉංකාව	செயலகம், செ இலங்க	0 .	The Secretariat, C Sri Lank	
කාර්යාලය அலுவலகம் Office	011-2484500 011-2484600 011-2484700	ന്മ്മ് ച്ചെത്തെട്ടകൾ Fax	011-2449823	වෙබ් අඩවිය இணையதளம் Website	www.treasury.gov.lk
මගේ අංකය எனது இல My No	GGO/ASM/Policy/Cir/ (VOL II	ඔබේ අංකය) <u>உ</u> மது இல Your No	}	දිනය නියනි Date	08.08.2022

Assets Management Circular No. 09/2022

To All: Secretaries of Ministries

Secretaries of State Ministries

Chief Secretaries of Provincial Councils

Heads of Departments

Heads of Public Corporations and Statutory Boards

Chairmen of State Banks and Government owned Companies

Management of Vehicles Procured under the Operational Lease Basis by Government Agencies

The Cabinet of Ministers has ordered to conduct an assessment and submit a report on the number of vehicles procured by the Government Agencies under the operational lease basis and the need for using such vehicles by the respective institutions.

02. Accordingly, all the Heads of the Government Agencies, including Ministries, Departments, Special Spending Units, Public Enterprises and Provincial Councils & Local Governments are instructed to submit following information of vehicles used by your institution as at 15th June 2022, which were procured under operational lease basis, to the Comptroller General's Office, immediately, as per the Annexure herewith (Fax No. 011 – 2151417), to be submitted to the Cabinet of Ministers.

K M Mahinda Siriwardena

Secretary to the Treasury

Copies:

- 1 Secretary to the President
- 2 Secretary to the Prime Minister
- 3 Secretary to the Cabinet of Ministers

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4 Auditor General

Name of Institution:

If there are no such vehicles please submit a Nil report

	Te are no suci				Type of Use		
No.	Vehicle Reg. No	Type of Vehicle (SUV/Car/Cab/Van)	Expiry Date of Lease Agreement (DD/MM/YYYY)	Monthly Rental (Rs.)	Asigned to Whom (Position)	Pool	
						Field Activities (Yes)	Other (Yes)
1							
2							
3							
4							
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18							
19						Milker	
20							

Cirtified	Officer	
Cirunea	Officer	:

Name and Position (Official Stamp)

Signature:

Contact No.: