



GOVERNMENT OF KIRIBATI

Imprest Attachment

Full Name:

Ministry:

Purpose of trip:

Duration:

From:

To:

Subsistence Allowance (refer itinerary attached)

No.	Country	Date		Days	Per Diem				
		From	To		Rate	Exch. Rat	Aud\$	Currency	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
Total									

Add: Incidental & Other Expenses

No.	Description	Aud\$	Currency
			AUD

Total

Total Subsistence Allowances & Incidental Expense

Amount Payable to Applicant

Name of Applicant:

Designation:

Signature:

Date:

Checklist: (Please tick where appropriate)

- Absence Form
- Itinerary/Ticket
- Funding Instruction
- Invitation Letter
- List of Participants