Appendix 1. Forms

Appendix 1.1 Ledgers

Name	No.
Advance Ledger	BA-001
Deposit Ledger	BD-001
Expenditure Ledger	BE-001
Revenue Ledger	BR-001
Trading and Operating Account Ledger	BT-001

Appendix 1.2 Registers

Name	No.
Accountable Documents Register	RA-001
Articles under Safe Custody Register	RA-002
Authorized Signatories Register	RA-003
Bank Accounts Register	RB-001
Cash Book Analysis	FI-004
Creditors' Control Register	RC-002
Debtors' Control Register	RD-001
Dishonored Cheques Register	RD-002
Deposit Register	RD-003
Debtors' Statement	RD-004
Fixed Assets Register	RF-001
Fuel Coupon Register	RF-002
Grants and Donations Register	RG-001
Inventory Register	RI-001
Invoice Register	RI-002
Inward Cheque Register	RI-003
Journal Voucher Register	RJ-001
Land and Buildings Register	RL-001
Losses Register	RL-002
Loose Tools Register	RL-003
Payment Voucher Register	RP-001
Purchase Order Register	RP-002
Revenue Voucher Register	RR-001
Security Documents Register	RS-001
Stale Cheque Register	RS-002
Stock Ledger Control Register	RS-003
Vehicles and Heavy plant Register	RV-001

Vehicle Repairs Register	RV-002
Write-Off Register	RW-001

Appendix 1.3 Accounting Forms

Name	**No.**
Accident Report Form	FA-001
Accounting Forms Requisition	FA-002
Application For Payment In Foreign Exchange	FA-003
Application For Virement	FA-004
Bank Reconciliation	FB-001
Bin Card	FB-002
Certificate of Imprest	FC-001
Creation of Accounts Code	FC-002
Cash Flow Forecast	FC-003
Dishonored Cheques Represented	FD-001
Financial Warrant	FF-001
Goods Issue Note	FG-001
Goods Received Note	FG-002
Goods Returned Note	FG-003
Handing Over Certificate	FH-001
Internal Payment Voucher	FI-001
Internal Virement Form	FI-002
Internal Virement Upload List	FI-003
Invoice	FI-004
Imprest Warrant	FI-005
Journal Voucher	FJ-001
Mileage Claim Form	FM-001
Mileage Log Book	FM-002
New Supplier Form	FN-001
Opening of a Commercial Bank Account	FO-001
Overseas Procurement Form	FO-002
Outstanding Debt Report	FO-003
Outstanding Advances Report	FO-004
Paying-in Slip (Cash)	FP-001(a)
Paying-in Slip (Cheques)	FP-001(b)
Payment Voucher	FP-002
Payment Voucher Uploaded List	FP-003
Petty Cash Analysis Book	FP-004
Petty Cash Voucher	FP-005
Purchase Order	FP-006
Procurement Progress Report	FP-007

PAM Monthly Report	FP-008
Receipt	FR-001
Reconciliation Form	FR-002
Reconciliation Statement	FR-003
Reimbursement Voucher	FR-004
Request for Vehicles Repair Forms	FR-005
Requisition for Purchase Form	FR-006
Revenue Voucher	FR-007
Revenue Voucher Upload List	FR-008
Reversal Voucher	FR-009
Reimbursement of Government Guaranteed Debt	FR-010
Salary Input Form - Overtime Authorisation	FS-001
Salary Input Form - Periodic Allowance	FS-002
Salary Input Form - Periodic Deduction	FS-003
Salary Input Form - Salary Transfer Authorisation	FS-004
Salary Input Form - Standing Data For Employee	FS-005
Specimen Signature Form	FS-006
Suspense Account Listing	FS-007
Vehicle Log Book	FV-001
Voucher Batch Control	FV-002
Works Order	FW-001
Write-Off Application Form of Accounts	FW-002
Write-Off Application Form of PPE	FW-003

Government of Seychelles

Advance Ledger

Ministry/Department/Agency			
Division			
Account Code		Description	
Financial Warrant No			
Authorized Amount		Year	

Date	Transaction Reference	Details	Debit		Credit		Current Balance		Treasury Ref. No.	Remarks
			Rs	Cts	Rs	Cts	Rs	Cts		
		Brought Forward								
		Carry Forward								

BA-001 ***Advance Ledger***

Government of Seychelles

Deposit Ledger

Ministry/Department/Agency			
Division			
Account Code		Description	
Financial Warrant No			
Authorised Amount		Year	

Date	Transaction Reference	Details	Debit		Credit		Current Balance		Journal No.	Remarks
			Rs	Cts	Rs	Cts	Rs	Cts		
		Brought Forward								
		Carry Forward								

BD-001 ***Deposit Ledger***

Government of Seychelles

Expenditure Ledger

Ministry/Department/Agency			
Division			
Account Code		Description	
Warrant No			
Authorised Amount		Year	

Date	Transaction Reference	Details	Debit		Credit		Current Balance		Journal No.	Remarks
			Rs	Cts	Rs	Cts	Rs	Cts		
		Brought Forward								
		Carry Forward								

BE-001 ***Expenditure Ledger***

Government of Seychelles

Revenue Ledger

Ministry/Department/Agency			
Division			
Account Code		Description	
Year			

Date	Transaction Reference	Details	Debit		Credit		Current Balance		Journal No.	Remarks
			Rs	Cts	Rs	Cts	Rs	Cts		
		Brought Forward								
		Carry Forward								

BR-001 ***Revenue Ledger***

Government of Seychelles

Trading and Operating Account Ledger

Ministry/Department/Agency			
Division			
Account Code		Description	
Authority from PS/CG			
Authorised Amount		Year	

Date	Transaction Reference	Details	Debit		Credit		Current Balance		Journal No.	Remarks
			Rs	Cts	Rs	Cts	Rs	Cts		
		Brought Forward								
		Carry Forward								

BT-001 ***Trading and Operating Account Ledger*****.**

Government of Seychelles

Accountable Documents Register

Ministry/Department/Agency	
Division	
Accountable Document	

Date Received	Requisition No.	Serial Nos. From	Serial Nos. To	Issued To	Name of Recipient	Signature	Date Returned	Signature

RA-001 ***Accountable Documents Register***

Government of Seychelles

Articles Under Safe Custody Register

Ministry/Department/Agency						
Division						
Date Received	Details of Articles	Identification/Serial No.	Handed Over By	Name of Recipient	Signature of Recipient	Remarks

RA-002 ***Articles under Safe Custody Register***

Government of Seychelles

Authorised Signatories Register

Sn	Signatory Details		Authorisation Details				Specimen Signature form (FS-006) at folio	Remarks
	Name	Designation	Date	Voucher	Threshold	Status- Active or Inactive *(Provide date for inactive)*		

RA-003 ***Authorised Signatories Register***

Government of Seychelles

Bank Accounts Register

Sn	Bank Name	Account Name	Account Number	Account holder	Signatories	Currency	Date Opened	Date Closed	Status (Active/Dormant/Closed)	Remarks

RB-001 ***Bank Accounts Register***

Government of Seychelles

Cash Book Analysis

Ministry/Department/Agency													
Division													
Account Code						Description							
Date	**Receipt No.**	**Revenue Voucher No**	**Particulars**	**Total Amount**		**Analysis**							
				Rs	**Cts**	**Rs**	**Cts**	**Rs**	**Cts**	**Rs**	**Cts**	**Rs**	**Cts**
			Total for the Month										

RC-001 ***Cash Book Analysis***

Government of Seychelles

Creditors' Control Register

Ministry/Department/Agency	
Division	
Supplier's Name	
Address:	

Invoice Details					Payment Details				Balance Outstanding		Remarks
Date	Invoice No.	Particulars	Amount		Date	Payment Voucher/ Cheque No	Amount				
			Rs	Cts			Rs	Cts	Rs	Cts	

RC-002 ***Creditors Control Register***

Government of Seychelles

Debtors' Control Register

Ministry/Department/Agency	
Division	
Customer' Name	
Address:	

Invoice Details					Payment Details				Balance Outstanding		Remarks
Date	Invoice No.	Particulars	Amount			Payment Voucher/ Cheque No.	Amount				
			Rs	Cts	Date		Rs	Cts	Rs	Cts	

RD-001 ***Debtors Control Register***

Government of Seychelles

Dishonoured Cheques Register

Ministry/Department/Agency	
Division	

Cheque Details							**Advise to Drawer**		**Cash Received**				**Head of Accounts**		**Cheques Transferred to CID**		**Date Cheque Cleared**	**Remarks**
Date Received from Account	Drawers Name	Cheque No. and Bank Drawn On	Date Drawn	Amount		Reason for Referral	Date	Results	Date	Amount		Receipt No.	Signature	Advise Date	Name of CID Officer and Number	Date		
				Rs	Cts					Rs	Cts							

RD-002 ***Dishonoured Cheque Register***

Government of Seychelles

Deposit Register

Ministry/Department/Agency	
Division	
Type of Deposit	

Date of Receipt	Receipt No.	Name of Depositor	Amount		Date of Payment	Payment Voucher/ Cheque No.	Name of Beneficiary	Amount		Signature of Recipient	Remarks
			Rs	Cts				Rs	Cts		

RD-003 ***Deposit Register***

Government of Seychelles

Debtors' Statement

Ministry/Department/Agency	
Division	
Customer's Name	
Address:	

Invoice Details					Balance Outstanding		Remarks
Date	Invoice No.	Particulars	Amount				
			Rs	Cts	Rs	Cts	

RD-004 ***Debtors Statement***

Government of Seychelles

Fixed Assets Register*

Ministry/Department/Agency	
Division	

Date of Acquisition	Payment Voucher/ Cheque No.	Supplier's Name	Item	Make	Cost of Acquisition		Quantity	Identification No.	Current Value of Assets Rs	Location	Remarks
					Rs	Cts					

*All other assets that do not fall under consumables/materials, land and buildings, loose tools, vehicles and heavy plants or security documents.

RF-001 ***Fixed Assets Register***

Government of Seychelles

Fuel Coupon Register

Ministry/Department/Agency	
Division	

Date of Purchase	Payment Voucher/ Cheque No.	Fuel Coupon Book Nos.		Amount		Issued To	Vehicle No.	Signature	Date Returned
		To	From	Rs	Cts				

Form RF-001 ***FUEL Coupon Register***

Government of Seychelles

Grants and Donations Register

MDA	
DIVISION	

SN	DATE RECEIVED	DONOR	CURRENCY	AMOUNT IN FOREIGN CURRENCY	AMOUNT IN SCR	ACCOUNTS CODE	PURPOSE OF GRANT/DONATION	DESIGNATED BANK ACCOUNT)(If Yes, please provide Bank Name, Account Name and Account Number)				BALANCE TO DATE	
								Y/N	BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER		Y/N

RG-001 ***Grants and Donations Register***

Government of Seychelles

Stock Report

Sr No	Item group	Location	Item code	Item description	UOM	Unit	Price/Cost	Value
01	CLEANING	CLEANING STORE	CL00297	TOILET PAPER	PCS	150	20.00	3000.00

RI-001 Inventory report

Government of Seychelles

Invoice Register

Ministry/Department/Agency						
Division						
Date	Invoice No.	Issued To.	Amount		Paid On	Receipt No.
			Rs	Cts		

RI-002 ***Invoice Register***

Government of Seychelles

Inward Cheque Register

Ministry/Department/Agency									
Division									
Date Received	Received From	Cheque No.	Amount		Received By	Name of Accounts Officer	Signature of Accounts Officer	Receipt No.	Banked on	Revenue Voucher Number
			Rs	Cts						

RI-003 ***Inward Cheque Register***

Government of Seychelles

Journal Voucher Register

Ministry/Department/Agency	
Division	

Date	Voucher No.	Particulars	Debit		Crebit	
			Rs	Cts	Rs	Cts

RJ-001 ***Journal Voucher Register***

Government of Seychelles

Land and Buildings Register

Ministry/Department/Agency	
Division	

Date of Acquisition	Payment Details	Parcel No./ Identification No.	Area	Cost of Acquisition		Current Value of Assets Rs	Location	Remarks
				Rs	Cts			

RL-001 ***Land and Buildings Register***

Government of Seychelles

Losses Register

Sn	Date	Nature of losses	Asset lost	Reported by	Action taken	Officer responsible for asset	Officer found guilty	Decision Taken for recovery	Asset Recovered	Write off	Remarks
		Accident, theft, natural calamity	Cash, Vehicle, furniture and fittings, Equipment								

RL-002 ***Losses Register***

Government of Seychelles

Loose Tools Register

Date of Acquisition	Payment Voucher/ Cheque No.	Supplier's Name	Item	Make	Cost of Acquisition		Quantity	Identification No.	Current Value of Assets Rs	Location	Remarks
					Rs	Cts					

RL-003 ***Loose Tools Register***

Government of Seychelles

Payment Voucher Register

Ministry/Department/Agency	
Division	

Voucher No.	Date	Payee	Amount		Remarks
			Rs	Cts	

RP-001 Payment Voucher Register

Government of Seychelles

Purchase Order Register

MDA

Sn	Item of Expenditure	Requisition					Request for Quote /Tender	LPO				Goods Received note		Invoice			Payment Voucher			Payment Date	Remarks
		Date	Number	Amount	Approved	Approval Date	Date	Date	Number	Amount	Approval date	Date	Number	Date	Number	Amount	Date	Number	Amount		

RP-002 ***Purchase Order Register***

Government of Seychelles

Revenue Voucher Register

Ministry/Department/Agency	
Division	

Voucher No.	Date	Payee	Amount		Bank Paying-in Slip No.	Remarks
			Rs	Cts		

RR-001 ***Revenue Voucher Register***

Government of Seychelles

Security Documents Register

Ministry/Department/Agency	
Division	

Date of Received	Details of Documents	Identification/ Serial No.	Handed Over By	Name of Recipient	Signature of Recipient	Remarks

RS-001 ***Security Documents Register***

Government of Seychelles

Stale Cheques Register

SN	CHQ Number	AMOUNT	MDA	DRAWN IN FAVOUR OF	DATE OF ISSUE	DATE STALE	PV NO	ACCOUNTS CODE	New Cheque Issued (Number)	Date of Re issue	Remarks

RS-002 Stale Cheque Register

Government of Seychelles

Stock Ledger Control Register

Ministry/Department/Agency			
Division			
Item		Code No	

Receipts						**Issues**						**Balance**			**Remarks**
Date	G.R.N. No.	Received From	Quantity	Value		Date	Issue Note No.	Issue To	Quantity	Value		Quantity	Value		
				Rs	Cts					Rs	Cts		Rs	Cts	

RS-003 ***Stock Ledger Control Register***

Government of Seychelles

Vehicles and Heavy Plant Register

Ministry/Department/Agency	
Division	

Date of Acquisition	Payment Voucher/ Cheque No.	Supplier's Name	Item	Make	Engine Capacity	Reg. No. / Identification No.	Engine No.	Chassis No.	Cost of Acquisition		Current Value of Asset Rs	Location	Remarks
									Rs	Cts			

RV-001 ***Vehicle and Heavy Plant Register***

Government of Seychelles

Vehicle Repairs Register

Ministry/Department/Agency					
Division					
Vehicle No					
Date	Local Works Order No.	Details	Amount		Payment Voucher/ Cheque No.
			Rs	Cts	

RV-002 ***Vehicle Repairs Register***

Government of Seychelles

Write Off Register

Ministry/Department/Agency		Division	

Sn	Date	Write off						Approval			Write-off effected on					Remarks
		MDA	Application Reference	Asset or Account to be written of	Estimated Value or book Value	Date Acquired in case of Asset	Reason(s) for Write Off	Date	Approval Reference	Approval File	Date	Journal Voucher reference	Recorded on TIS	Recorded on VAM	MDA notified of write off	

RW-001 ***Write Off Register***

Government of Seychelles

Accident Report Form

Ministry/Department/Agency	
Division	
Accident Details	
Name of Government Driver	
Date and Time of Accident	
Place of Accident	
Brief Description of Accident	
Trip Authorised	**YES** ☐ **NO** ☐
Details of third Party/Parties involved *(where applicable)* *Vehicle Number*	
Driver's Name	
Vehicle Insurance Details	
Other Details(where third party is other than a vehicle)	
Damage to Government Vehicle	
Damage to third Party	
Police Reference *(Reference and Date)*	
Disciplinary action taken/proposed *(where applicable)*	
Remarks:	

	Driver	*Head of Admin*
Name		
Designation		
Signature		
Date		

Original : Ministry/Department/Agency
Duplicate : Principal Secretary of Finance
Triplicate : Driver's personal file
Quadruplicate : Head of Accounts

FA-001 ***Accident Report Form***

Government of Seychelles

Accounting Forms Requisition

Ministry/Department/Agency	
Division	

To: ***Chief Accountant, Treasury***

Please supply the following:

To be completed by Indenting Officer		For Treasury use only			
Description of Accounting Forms	Quantity Required	Quantity Supplied	Serial Number		Ledger No.
			From	To	

INDENTING OFFICER	
Name of Indenting Officer	
Signature	
Date	
ISSUING OFFICER	
Name of Issuing Officer	
Signature	
Date	
RECEIVING OFFICER	
I certify that the Accounting Forms enumerated above have been correctly received and taken on charge in my register of Accountable Documents	
Name of Receiving Officer	
Signature	
Date	

Original
Duplicate } Treasury
Triplicate
Quadruplicate - Ministry/Department/Agency

FA-002 *Accounting Forms Requisition* (Issued only by Treasury)

Government of Seychelles

Application for Payment in Foreign Currency

Government of Seychelles

Ministry of Finance, Trade and The Blue Economy

For Central Bank of Seychelles official use only.

FORM REF: **PISN** |

BANK | VALUE DATE | |

APPLICATION FOR PAYMENT IN FOREIGN CURRENCY

CENTRAL BANK OF SEYCHELLES (SWIFT) PAYMENT INSTRUCTION FORM

SECTION A **BENEFICIARY AND PAYMENT DETAILS** *(Fields marked with * are mandatory)*

Beneficiary's Name*:

Beneficiary's Address:

Beneficiary's Contact Details:

Beneficiary's Bank Name*:

Beneficiary's Bank Address:

Beneficiary's Bank Code(s)*:
- SWIFT BIC*:
- Sort Code:
- ABA / Routing No:
- Branch Code:

Beneficiary's Account Name*:

Beneficiary's Account Number*:

Beneficiary's IBAN*:

Other Code(s):

Payment Currency Code*:

Amount in Figures*:

Mode of Payment*: ☑ SWIFT Transfer ☐ Banker's Cheque / Draft

Payment Currency Name*:

Amount in Words*:

Payment Details*:

Bank Charges Settlement Options*: ☑ **OUR** (Ordering Customer Bears All Charges) ☐ **SHA** (Charges To Be Shared) ☐ **BEN** (Beneficiary Bears All Charges)

Intermediary Bank Name:

Intermediary Bank Address:

Intermediary Bank Code(s):
- SWIFT BIC:
- Sort Code:
- ABA / Routing No:
- Branch Code:

SECTION B **ORDERING CUSTOMER DETAILS** *(Fields marked with * are mandatory)*

Treasury Account Code to Charge*:	Ordering Customer's Ref.:
Ordering Customer's Name*:	Ordering Customer's Official Stamp and Date*:
Ordering Customer's Contact Details:	
Official Signature(s) of Ordering Customer*:	

For Official Use Only (To be filled in only by Ministry of Finance, Trade and Investment)

SECTION C **MINISTRY OF FINANCE, TRADE AND THE BLUE ECO0NOMY AUTHORISATION** *(Fields marked with * are mandatory)*

☐ **Approved** ☐ **Not Approved** (Return to Originating Ministry / Department / Agency) **If approved send original to (1) and copy (2) and (3):** (1) Head of Division - Banking Services, Central Bank of Seychelles. (2) Treasury Department for recording of payment. (3) Originating Ministry / Department / Agency.	Remarks:
Account with Central Bank of Seychelles to Charge (only if approved)*:	Ministry of Finance, Trade and The Blue Economy Ref. No (only if approved):
Ministry of Finance, Trade and The Blue Economy Authorised Signature 1*:	Ministry of Finance, Trade and The Blue Economy Official Stamp and Date*:
Ministry of Finance, Trade and The Blue Economy Authorised Signature 2*:	

For Official Use Only (To be filled in only by the Central Bank of Seychelles)

SECTION D **CENTRAL BANK OF SEYCHELLES AUTHORISATION** *(Fields marked with * are mandatory)*

Foreign Exchange Payment Approval Date (dd/mm/yyyy)*:	Official Signature*: ☐ **Approved** ☐ **Not Approved**

Official authorisation for third parties to effect payment on (PISN) Value Date stated above on behalf of the Central Bank of Seychelles;

Central Bank of Seychelles Authorised Signature*:			Central Bank of Seychelles Authorised Signature*:				
Date (dd/mm/yyyy)*:	Batch No:		Serial No:	Batch Date:		SWIFT Serial:	First Authorisation	Second Authorisation

FA-003 ***Application for Payment in Foreign Exchange***

GOVERNMENT OF SEYCHELLES
APPLICATION FOR VIREMENT

MDA	
DIVISION	

ADMIN CODE	PROGRAMME CODE	ECONOMIC CODE	SOURCE CODE	ORIGINAL BUDGET	BUDGET RETRACTIONS	VIREMENTS INTO ITEM TO DATE	VIREMENTS MADE OUT OF THE ITEM	EXPENDITURE TO DATE	COMMITMENT TO DATE	BALANCE AVAILABLE	VIREMENT REQUIRED	REVISED BUDGET

Reasons:	

	Head of Accounts	**Accounting Officer**
Name		
Signature		
Date		

COMPTROLLER GENERAL OFFICE:

APPROVED	YES ☐	NO ☐	
Reason(s) for not approved			
Remarks:			
Name			
Signature		Date	

If not approved:	If approved copy to:	
MDA	Financial Planning and Control(HQ) for Recording	MDA
	Treasury	Auditor General

FA-004 Application for Virement

Government of Seychelles

Bank Reconciliation Statement

Ministry/Department/Agency
Bank Account Number
Account Name
Cash Book Reference
Period

		SCR	SCR
Opening balance as per Bank Statement			XX
Transactions during the period			
Amount in Bank Statements but not in Cash Book			
	Credits-Bank transfers	XX	
	Other credits(interest)	XX	
	Bank Charges(ledger fee, folio charges, other charges/service fees)	XX	XX
Amount in Cash Book but not in Bank statements			
	Unpresented Cheques	XX	
	Receipts not yet banked	XX	XX
Balance as per Cash Book			XX

I hereby certify that the Bank Reconciliation is correct and figures tally with the cash book and the Bank Statement

	Prepared by	***Verified by***
Name	……	……
Designation	……	……
Signature	……	……
Date	……	……

For Treasury Use only

Received on
Action Taken on discrepancies(if any)
VAM updated on
Name ……
Designation ……
Signature ……
Date ……

FB-001 ***Bank Reconciliation Statement***

Government of Seychelles

Bin Card

Ministry/Department/Agency	
Division	

Location	
Item	
Stock Code	
Page Number	

RECEIPTS			ISSUES				Balance	Remarks
Date	GRN No.	Qty	Date	Issued To	Issue Note No.	Qty		

FB-002 ***Bin Card***

Government of Seychelles
Certificate of Imprest

Ministry/Department/Agency	
Division	
Date	

IMPREST WARRANT NO. ……..

I hereby certify that the amount of cash in hand and reimbursement claims outstanding as at 31st December …….. are as follows:

		Rs	Cts	Rs	Cts
Notes	**Qty**				
500					
100					
50					
25					
10					
Coins					
5					
1					
0.25					
0.5					
0.1					
TOTAL					
UNCLAIMED EXPENDITURE AS PER REIMBURSEMENT CLAIM					
TOTAL AMOUNT OF IMPREST					

IMPREST HOLDER	
I certify that the imprest has been counted and agrees with the amount on the warrant and request that a replacement warrant be issued for the Financial Year ……	
Name	
Signature	
Date	
ACCOUNTING OFFICER	
Name	
Signature	
Date	

Original - Chief Accountant
Duplicate - Imprest Holder
FC-001 *Certificate of Imprest*

Government of Seychelles

Ministry of Finance, Trade, Investment and Economic Planning
Comptroller General's Office

Creation of Code

Ministry/Department/Agency	

Request

Segment *Please tick as appropriate*	Administrative ☐ Programme ☐ Economic ☐ Functional ☐ Funding ☐
Reason(s) for request	

Name of Head of Accounts : ……..……

Signature : ……..…….

Date : ……

Recommendation

Director, Budget

Code does not exist and may be created.
Proposed Code

Administrative	Programme	Economic	Functional	Funding

Recommended by : ……..

Date : ……. Signature :…….

Approval *(Approved by Comptroller-General or any other delegated officer)*

Approved ☐ Not Approved ☐

Date :…….

Name of Approver :……. (*where approved by an officer other than CG*)

Signature :……..

Creation *(All codes are created by Treasury)*

Code created by	……
COA updated	YES ☐ NO ☐
Date	……
MDA notified on	……*(Copy of correspondence to MDA to be attached)*
Signature	……

FC-002 ***Creation of Code***

Government of Seychelles																			
Cash Flow Forecast																			
MDA											Division								
Quarter ending			*Forecast to be submitted three weeks before the end of each quarter*																
Sn	Accounts Code	Annual Budget	Expected during the Quarter	Forecast															
				Month 1					Month 2					Month 3					
				Week 1	Week 2	Week 3	Week 4	Total	Week 5	Week 6	Week 7	Week 8	Total	Week 9	Week 10	Week 11	Week 12	Total	
REVENUE																			
1																			
2																			
3																			
4																			
5																			
Total Revenue																			
EXPENDITURE																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
Total Expenditure																			
Surplus/Deficit for the Quarter																			

	Prepared By	**Authorised By (Accounting Officer)**	**Approved by Comptroller General**
Name			
Signature			
Date			

FC-003 ***Cash Flow Forecast***

Government of Seychelles				
Cash Outturn Report				
MDA				
Division				
Period				
	Forecast	**Actual**	**Variance**	**Reasons**
Opening Balance			-	-
Receipts				
Taxes				
Non Tax				
Others				
Payments				
Main Payment Headers				
Compensation of Employees				
Goods and Services				
Travelling and Transport				
Capital Outlays				
Closing Balance				

FC-004 Cash Outturn Report

Government of Seychelles
Treasury

Dishonoured Cheques Represented

Ministry/Department/Agency

The following dishonoured cheque(s) are being represented:

Sn	Details of Original Transaction					New Cheque Number
	Original Cheque Number	Amount	Date	Revenue Voucher reference	Accounted under code	

The Register of Dishonoured Cheque has been updated.

Date : ……..…….

Name of Accounting Officer : ……

Signature : ……..…….

For use by Treasury

Register of Dishonoured Cheque updated	YES ☐ NO ☐
Cheques Represented to Bank on	
Cash Book updated on	
MDA notified on	……*(Copy of correspondence to MDA to be attached)*
Signature	……
Date	……

FD-001 ***Dishonoured Cheque Represented***

Government of Seychelles

Financial Warrant

Issued to: …… **Date:** ……

1. WARRANT/SUPPLEMENTARY WARRANT

You are hereby authorized to incur expenditure of up to RS …… in respect of
……
……

2. SOURCE OF FUNDS

A	Donor Funds		Amount
	Donor		
	Letter of Approval Ref		
	Amount Approved by Donor		
B	**Government Contribution**		
C	**Advances**		
	How to be Recovered		
	Period of Recovery		

3. CODE NUMBER TO BE USED

Admin Code Program Economic Donor Item

RS

4. SPECIAL REMARKS

……
……
……
……

……
COMPTROLLER GENERAL
FINANCIAL PLANNING AND CONTROL DIVISION
Date: ……

5. RETURN OF EXPENDITURE

Date	Details	Amount	Balance

(Continue entering expenditure on the back of the warrant)

Please note that the above should not be used for purposes other than those specified.

FF-001 ***Financial Warrant***

Government of Seychelles

Goods Issue Note

(Ministry /department/Agency)		Doc No	
Division		Date	
Store Location		Requisition No	
Supplier Name and address			

Item code	Description of Item	Unit	Price	Amount

Issued by		Authorized by (Head of the department)	
Name		Name	
Signature		Signature	
Date		Date	

Received by			
Name		Date	
Signature		Designation	

FG-001 *Goods Issue Note*

Original - Customer /recipient,
Duplicate - Account section (where applicable)
Triplicate - store (Issuing location)

Government of Seychelles

Goods Received Note

Ministry / Agency Department		Doc Number Date	
Store Location		PO number	
Supplier Name and code			

Item code	Item description	Unit	Remarks

Goods received in good order, quantity, quality and description in accordance with Local Purchase Order.

Comments:

Received by		Authorized by	
Name		Name	
Signature		Signature	
Date		Date	

FG-002 *Goods Received Note*

Original - Accounts Section (Payment)
Duplicate - Stores
Triplicate - Ministry/Department/Agency

Government of Seychelles

Goods Returned Note

(Ministry /department/Agency)	Division		Doc Number	
	Store location		Date	
			GRN/PO Reference No	
Supplier Name and code				
Reason for returns				

Item code	Description of Item	Unit	Price	Amount

Issued by		Authorized by (Head of procurement /Admin)	
Name		Name	
Signature		Signature	
Date		Date	

Acknowledgement by supplier			
Name		Designation	
Signature		Date	

Original - Supplier
Duplicate - Account section
Triplicate - Store (Issuing location)

FG-003 ***Goods Returned Note***

Government of Seychelles

Handing Over Certificate

Ministry/Department/Agency	
Division	

I, Mr/Mrs/Miss ……..

(designation) ……..

of (MDA) ……

hereby handover the following to Mr/Mrs/Miss ……

(designation) ……..

As from today the …… Day of ……..20……..

1. CASH

RUPEES (in words) ……..as follows:

		Rs	Cts	Rs	Cts
Notes	**Qty**				
500					
100					
50					
25					
10					
Coins					
5					
1					
0.25					
0.5					
0.1					
TOTAL CASH					
Cheques/Drafts (in rupees					
Notes/Cheques/Drafts (foreign currency – break-up to be attached)					

2.STOCK

Item	Stock Code	Qty	Remarks

3. INVENTORY

Item	Stock Code	Qty	Remarks

4. OTHERS

……

……

……

……

……

OFFICER HANDING OVER	
Name of Issuing Officer	
Signature	
Date	
OFFICER TAKING OVER	
Name of Receiving Officer	
Signature	
Date	
WITNESS	
Name of Witness	
Signature	
Date	

Original Officer taking over
Duplicate Officer carrying cash or Accounting Officer
Triplicate Officer Handing over/Ministry/Department/Agency

FH-001 (2/2) ***Handing Over Certificate***

Government of Seychelles			Receiving Office	
Internal Payment Voucher			Copy	
	Year: ……		Date: …….	
Treasury Number		Amount:		
Amount in Words				
Reference:				
Description:				
		Admin Code	Type	Number
Account Code	**Details**	**Debit**		**Credit**
Total				

Authorised in accordance with the Accounting Manual by:	**For TREASURY USE ONLY**
Name	
Designation	
Signature	
Date	

FI-001 ***Internal Payment Voucher***

Government of Seychelles

Internal Virement Form

Government of Seychelles

Internal Virement Upload List

Ministry/ Dept/ Agency								
Compiled By						Mode:		
Virement No.	**Admin**	**Date**	**From Account**	**Balance (Initial/New)**	**To Account**	**Balance (Initial/New)**	**Amount**	**Type**
Records Listed:					**Total Amount:**			

Treasury Use Only

	Batch Received by	**Checked and Uploaded by**
Name		
Signature		
Date		

FI-003 ***Internal Virement Upload List***

Government of Seychelles

Invoice

Ministry/Department/Agency		Invoice No.
Division		Date
		PO/WO No.

To				
Address				
Description	**Quantity**	**Unit Price**	**Total Price**	
			Rs	**Cts**
Invoice Total				

Name	
Signature (Authorised Signatory)	
Date	

Please settle invoice within 30 days. Failure to do so can result in stopping further credit facilities. Payment shall as far as possible be effected through bank transfer and where Cheques are used, cheques should be crossed Account Payee and made in favour of Government of Seychelles.

Original - Customer
Duplicate - Ministry/Department/Agency

FI-004 *Invoice*

Government of Seychelles

Imprest Warrant No:

From Chief Accountant, Treasury

To Imprest Holder

You are hereby authorised to have in your possession the amount stated below which is to be accounted for in accordance with financial instructions.

Name and Designation	Purpose for which Imprest is issued	Amount of Imprest SCR
Financial Planning & Control Division Name of Imprest Holder	Being increase in petty cash amount …….	

Date: ……

This warrant is valid for a period of one year after which it may renewed by the submission to this Department a Certificate of Imprest certified by the Accounting Officer. The Imprest may be used for no other purpose other than that specified above and must be remitted to The Treasury at once should the purpose for which it is issued cease to exist.

Original Imprest Holder

Copy Director of Audit
Internal Audit
File Copy

FI-005 ***Imprest Warrant***

Government of Seychelles
Journal Voucher

GOVERNMENT OF SEYCHELLES — **ORIGINAL**

JOURNAL VOUCHER

Year _____ Date _____	Treasury No.	Min Div Type Number

Account Code				Details	Notes	Debit	Credit
Head	Div.	Group	Item			Rs	Rs
					Total	-	-

Notes of reason for journal

Authorised in accordance with **PFM Regulations & Departmental** Manual

Signed_____

Status_____DPBM_____

Min / Dept

Countersigned in Accordance with **PFM Regulations &** Accounting Manual

Signed_____

Status_____PFA_____

Min / Dept/Agen

Treasury Use

E of A

Date

Form FJ - 001

Treasury - Original

Ministry / Department/Agency - Duplicate

Government of Seychelles

Mileage Claim Form

<table>
<tr><td>Ministry/Department/Agency</td><td colspan="2">……</td><td>Name of Officer</td><td>……</td></tr>
<tr><td>Division</td><td colspan="2">……</td><td>Period of Claim</td><td>……</td></tr>
<tr><td colspan="3">TRAVELLING DETAILS</td><td colspan="2">ACCOUNTS USE ONLY</td></tr>
<tr><td rowspan="2">KM as per Log Book</td><td colspan="2">RATE</td><td colspan="2">AMOUNT</td><td rowspan="2">I have examined the claimant’s log book and certify that the amount claimed is correct</td></tr>
<tr><td>Rs</td><td>Cts</td><td>Rs</td><td>Cts</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td rowspan="2">……
Examiner

……..
Accounting Officer

……
Date</td></tr>
<tr><td colspan="5">I certify that the details shown above are correct and that the journeys made by me were on official business only.

…… ……
Signature of Claimant Date</td></tr>
</table>

FM-001 Mileage Claim Form

Government of Seychelles

Mileage Log Book

Ministry/Department/Agency	
Division	
Name of Officer	

DATE	PLACES VISITED		REASON FOR JOURNEY	ODOMETER READING		NUMBER OF KM
	FROM	TO		START	FINISH	

FM-002 ***Mileage Log Book***

Government of Seychelles
New Supplier Form
E-mail banktransfer@treasury.gov.sc

Supplier's Information

SUPPLIER'S NAME								
REGISTRATION/LICENCEE No								
NIN No								
ADDRESS								
COUNTRY								
TYPE OF COMPANY								
PHONE No				**FAX No.**				
E-MAIL								
REASONS								

SUPPLIER'S BANKING INFORMATION

BANK NAME	
ADDRESS	
ACCOUNT NUMBER	

MINISTRY/DEPARTMENT DETAILS

MINISTRY/ DEPARTMENT						
COST CENTRE						
DOWNLOAD	**SERVER**		**DISK**		**OTHERS**	
ACCOUNTING OFFICER						
SIGNATURE				**DATE**		

FN-001 ***New Supplier Form***

Government of Seychelles

Opening of a Commercial Bank Account

From .....(MDA)

To Comptroller General

Bank Account Details				
Purpose of Bank Account				
Nature of Receipts and Payments				
Receipts				
Payments				
Currency				
Anticipated Cash Inflows and Outflows				
Year	Receipts	Payments	Balance	Remarks
X1				
X2				
X3				
X4				
X5				
Total				

Signatories		
Sn	Name	Designation
1		
2		
3		
Expected period of operation		
Remarks		

Name of Accounting Officer: ……. Signature: ……..……..Date :……..…….

Approval by Comptroller General

Conditions for operation of Bank Account *Please see attached document for the conditions of operations- reference*			
Date		Signature	

TREASURY			
Noted in Register of Bank Accounts			
Recorded on VAM			
Name of Officer Recording			
Date		Signature	

FO-001 ***Opening of Bank Account***

Government of Seychelles

Overseas Procurement Form

Ministry/Department/Agency …… …… …… **Please execute the following:**	To …… …… …… ……	Order No. …… Date ……

Account Code	**Description**	**Quoted Price**	**Value**	
			Rs	**Cts**
Special Instructions – See Reverse	Total Value (in writing) …… …… …… Currency (in writing) ……	Total Grand Total Equivalent in Rs		
	Exchange Rate (at date of order) Rs:			

Original - Supplier
Duplicate - Accounts
Triplicate - Stores
Quadruplicate - Ministry/Department/Agency

FO-001 (1/2)P.T.O.

SPECIAL INSTRUCTIONS/NOTES

1	Bank through which documents are to be presented	
2	Payment Terms	

	Requisitioned by	**Reviewed by Head of Accounts**	**Approved by**
Name			
Designation			
Signature			
Date			

Document invalid unless signed by all authorised signatories

FO-002 (2/2) ***Overseas Procurement Form***

Government of Seychelles																	
Report on Outstanding Debt																	
MDA :									Division :								
Folio	**Invoice**						**Payment (where part payment effected)**				**BALANCE**	**Analysis**					
												Current	**Arrears**				
	Date	**Number**	**Revenue Category**	**Amount**	**Good issue note**	**Description**	**Date**	**Amount**	**Payment Mode**	**CHQ No.**			***0-30 days***	***31-60 Days***	***61-90 days***	***More than 90 days***	***More than 365 Days***

	Prepared by (Head of Accounts)	Authorised by (Accounting Officer)	Reviewed by (Comptroller General)
Name			
Signature			
Date			

FO-003 ***Outstanding Debt Report***

Government of Seychelles

Outstanding Advances Report

MDA		DIVISION
Return for Quarter		

Sn	Advance Code	Purpose of Advance	Approval of PS (where applicable)	Contract/ Letter reference	Advance Date	Original Amount of Advance	Advances outstanding at last reporting date …… ……	Advances made during reporting period	Repayments during the reporting period	Advances outstanding at Period end	Ageing Analysis (Days)					Remarks
											0-60	61-120				

	Prepared by	Approved by	Reviewed By
Name			
Signature			
Date			

FO-004 ***Outstanding Advances***

Central Bank of Seychelles

Paying-In-Slip (Cash)

Ministry/Department/Agency	
Division	

CREDIT

Account Name : Government of Seychelles
Account Number :

Amount (In Words)

…….

……. …….

……and cents ……..only.

Depositor's Name: ……

Signature : ……

Date : …… 20……..

Denominations			
		Rs	Cts
Notes	**Qty**		
500			
100			
50			
25			
10			
Coins	-		
5			
1			
0.25			
0.5			
0.1			
TOTAL			

FP-001(a) ***Paying in Slip (Cash)*** **(Issued only by Treasury)**

Central Bank of Seychelles

Paying-In-Slip (Cheques)

Ministry/Department/Agency	
Division	

CREDIT

Account Name : Government of Seychelles
Account Number :

Amount (In Words)

……

…… ……

……and cents ……only.

Depositor's Name: ……

Signature : ……

Date : …… 20……..

Particulars of Cheques			
Cheque Details		**Amount**	
Date	**Cheque Number**	**Rs**	**Cts**
TOTAL			

(Continue on reverse if necessary)

Form FP-001(b) ***Paying in Slip (Cheques)*** **(Issued only by Treasury)**

GOVERNMENT OF SEYCHELLES

PAYMENT VOUCHER

Paying Office

Year: _____ Date: .....

Pay	Account No/Cash	Name	Amount

Address

Amount in Words

In respect of

Payee's Banker:	Bank Account No.	

Treasury use	Approved for Payment in Accordance with the Public Finance Management Regulations And Accounting Manual	Treasury use
E of A		CHQ No.
Date		Treasury No.

Signed .....

Designation .....

Ministry / Department/Agency .....

Ministry Reference

Min	Div	Type	Number

Account Code				Details	Debit	Credit
Head	Div.	Group	Item		Rs	Rs

Invoice checklist	Initials
Invoice checked to order	
Invoice checked to GRN	
Invoice cgecked casts & extension	
Goods & Services Rec'd in Good Order	

Totals	-	
Net Total	Bank Account	-

Received Amount of R .....

Signed..... **Date**.....

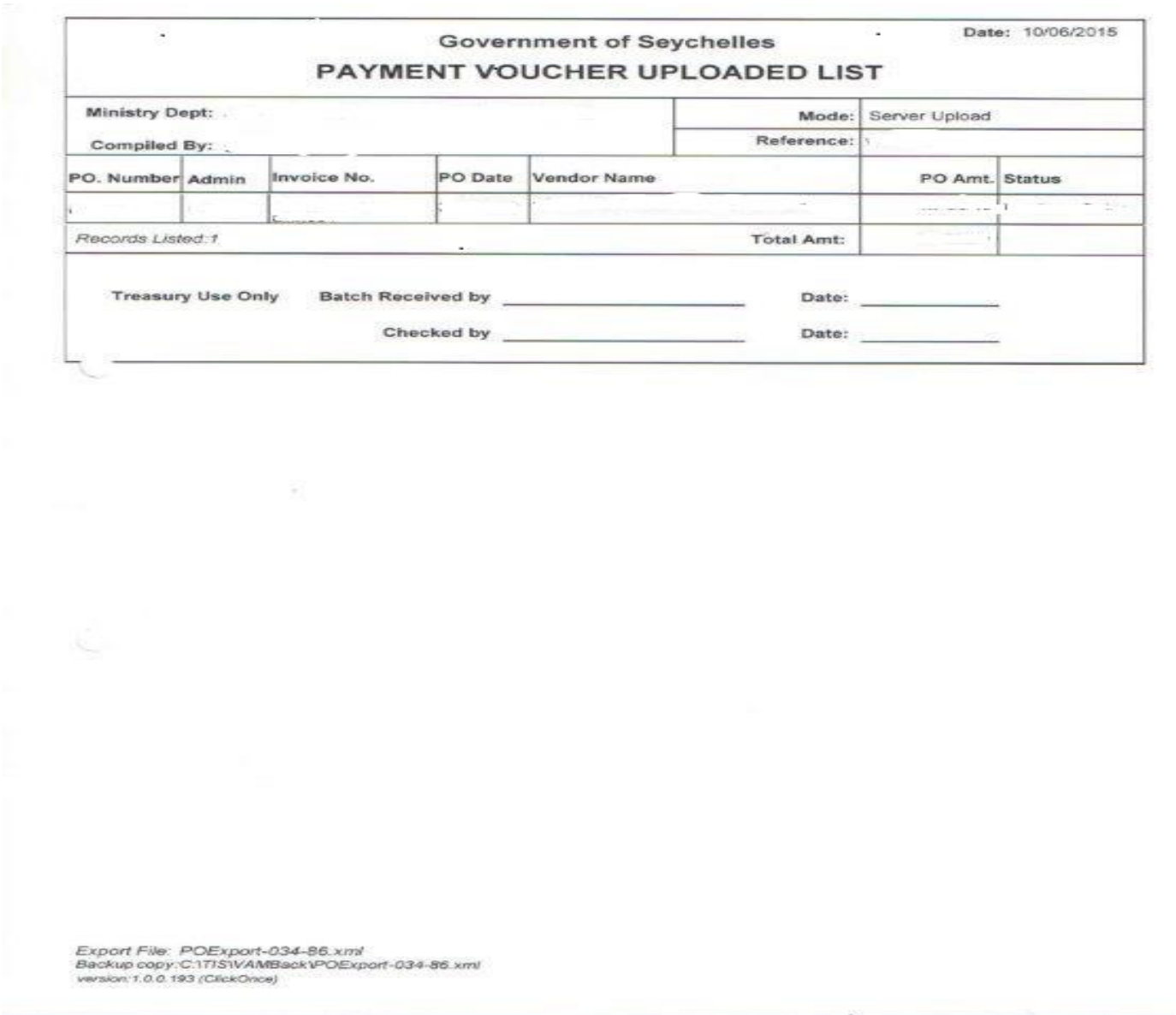
NIN No. ☐☐☐ ☐☐☐☐ ☐ ☐ ☐☐

Treasury - Original
Ministry / Department - Duplicate
Main Accounts Unit - Triplicate (where applicable)

FP-002 ***Payment Voucher***

Government of Seychelles

Payment Voucher Upload List



Government of Seychelles — Date: 10/06/2015

PAYMENT VOUCHER UPLOADED LIST

Ministry Dept:				Mode:	Server Upload	
Compiled By:				Reference:		
PO. Number	Admin	Invoice No.	PO Date	Vendor Name	PO Amt.	Status
Records Listed:1				Total Amt:		

Treasury Use Only — Batch Received by _____ Date: _____

Checked by _____ Date: _____

Export File: POExport-034-86.xml
Backup copy:C:\TIS\VAMBack\POExport-034-86.xml
version:1.0.0.193 (ClickOnce)

FP-003 ***Payment Voucher Upload List***

Government of Seychelles

Petty Cash Analysis Book

Ministry/Department/Agency					
Division					
Location					
Year		Month		Page No.	

RECEIPTS					**PAYMENTS**					
			Imprest and Reimbursement Received				Petty Cash Voucher No.			Account Code
Date	**Particulars**	**Vr. No.**	**Rs**	**Cts**	**Date**	**Particulars**		**Rs**	**Cts**	
Total					**Total**					

Original Treasury
Duplicate Accounts Unit
Triplicate Ministry/Department/Agency

FP-004(1/2) ***Petty Cash Analysis Book*** P.T.0

Government of Seychelles

Analysis of Total Claimed (Continued)

ACCOUNT CODE	Amount		Remarks
	Rs	Cts	
Total			

	Prepared by	Reviewed by Head of Accounts
Name	……..	……..
Signature	……..	……..
Date	……..	……..

Form FP-004 (2/2) ***Petty Cash Analysis Book***

Government of Seychelles
Petty Cash Voucher

Ministry/Department /Agency	……		
Division	……		
Financial Year	……	Month	…… ……

Account Code	Details	Rs	Cts
Total			

	Prepared by	**Approved by**
Name	……	……
Signature	……	……
Date	……	……

Original Accounts Unit
Duplicate Ministry/Department/Agency

FP-005 ***Petty Cash Voucher***

Government of Seychelles

Purchase Order

Ministry/Department/Agency		No.
Division		Date

Supplier Details

Name		Bank Name	
Address		Bank Account Number	

Please supply the following:

Account Code	Stock Code	Description	Qty.	Rs	Cts
TOTAL					

Please deliver to :	Please address invoice to :
Head of Admin…… *MDA Name and Address……* *……*	*Head of Accounts……* *MDA Name and Address……* *……*

	Prepared by	Authorized by
Name		
Designation		
Signature		
Date		

GOODS RECEIVING OFFICER

I certify that the goods have been received in good conditions as per GRN number: …….

Name		Signature		Date	

Original Supplier
Duplicate Accounts
Triplicate Stores
Quadruplicate Ministry/Department/Agency

FP-006 *Purchase Order*

Government of Seychelles
Procurement Progress Report

MDA : …….. Financial Year …… Quarter: ……

(To be updated Quarterly)

S.No.	Procurement Details	Procurement Method	Cost Estimate	Bid launched or expected to be launched on	Status	Date Completed	Actual Cost	Asset Commisssioned and in use	Remarks
		Prepared by			Authorised by				
Name									
Signature									
Date									

FP-007 ***Procurement Progress Report***

Government of Seychelles						
Public Accounts Management						
Monthly Monitoring report						
MDA						
Period						
1.BUDGET MONITORING						
1-A FINANCIAL						
1-A(i) Expense Items						
Budget Code	**Original Budget**	**Budget after Virement**	**Actual for the month**	**Cummulative Actual**	**Commitments**	**Balance**
1-A(ii)Revenue Items						
Budget Code	**Original Budget**	**Actual for the month**	**Cummulative Actual**	**Expected amount to be Collected for the remaining period**	**Remarks**	
1-B NON FINANCIAL						

Programme Desc						
Outcomes	Outputs	KPI(As per budget)	Status	Way forward/Issues	Action taken	Remarks

2.RECONCILIATION

2A-LEDGER RECONCILIATION- TIS and VAM

Accounts code	**Status Reconciled (Y/N)**	**IF NO, Discrepancies**	**Action taken**	**Remarks**

2B-BANK RECONCILIATION

Cash book/Account numbers	**Status Reconciled (Y/N)**	**IF NO, Discrepancies**	**Action taken**	**Remarks**

2C- TRADING AND OPERATING ACCOUNTS

2D- UNRECONCILED ITEMS				
Accounts Code	**Amount**	**Source/Nature**	Action Taken	Remarks

3.ACTION PLAN
3A- ACTIVITIES FOR THE NEXT THREE MONTHS
3B- EXPECTED OUTLAYS FOR THE THREE MONTHS

BUDGET CODES	**CURRENCY**	**AMOUNT**	**REMARKS**

Cash Flow Forecast should be submitted to the Treasury for cash management purposes – FC-003
4 DISHONOURED CHEQUES

Details	***Opening***	***Transactions during the Month***		***Closing Balance***	Remarks
		New	***Cleared***		

No of Dishonoured Cheques					
Amount Involved					
Note: Detailed listing to be sent to Treasury on a Monthly basis					

5 OTHER ISSUES				
Kindly provide in this section, issues that needs to be brought to the attention of the PAMU either for information purposes or action at Ministry of Finance Level. Additional Information may be submiited by way of annex to the report or upon request from PAMU				
Issues	*Information/Action Required*	*Time Frame*	*Responsibility*	Remarks

Accounting Officer	
Name	…….
Signature	…….
Date	…….
For MOFTIEP use	
Received on	
Action Taken on discrepancies (if any)	

Designation	
Signature	
Date	

FP-008 *PAM Monthly Report*

Government of Seychelles			
Receipt			
MDA			
SERVICE UNIT			
Date	**……/20……**	**Receipt Number**	**……**
PAYER DETAILS			
Name of Payer			
Amount Paid(in figures)	SCR		
Amount in Words			
Amount and Currency if in Fx			
Payment Mode	CASH ◯ CHQ ◯ POS ◯ BNK TRF ◯		

Service Details

Sn	**Service Name**	**Amount**					
		Foreign Currency		**Rate**		**SCR**	
		Currency	**Amount**	**Rs**	**Cts**	**Rs**	**Cts**
		EURO	100				
TOTAL							

Amount in Words :

……

……

……

……

……

Name of Cashier		Signature	

This receipt is conditional upon payment being honoured by the Central Bank of Seychelles

FR-001 Receipt

Government of Seychelles

Reconciliation Form

Ministry/Department/Agency			
Division			
Year		Month	

Account Code	*separate recon for each accounts code*	**Rs**	**Cts**	**Rs**	**Cts**
CLOSING BALANCE AS PER MDA's GENERAL LISTING (GL)					
Less	Item in MDA's GL Listing not on Treasury statement				
		Sub Total			
Add	Items on Treasury Statement not in Treasury GL				
		Sub Total			
Errors *(For example: double or wrong recording)*					
CLOSING BALANCE AS PER TREASURY GL					

	Prepared by	**Reviewed by**
Name		
Signature		
Date		

FR-002 ***Reconciliation Form*** (1/2)

See reverse for notes, follow-up actions and corrections

Treasury – Original Ministry/Department/Agency – Duplicate

NOTES, FOLLOW-UP ACTIONS AND CORRECTIONS

Sn	Item	Action Required

	Prepared by	Reviewed by
Name		
Signature		
Date		

FR-002 ***Reconciliation Form***(2/2)

Government of Seychelles
Reconciliation Statement

Ministry/Department/Agency			
Division			
Year		Month	

ACCOUNT CODES	LEDGER BALANCES	TREASURY BALANCES	DIFFERENCES
TOTAL			

	Prepared by	Reviewed by	Authorised by
Name			
Signature			
Date			

(*This Reconciliation statement has to be authorized by the Accounting Officer and accompanied by Form FR 002- Reconciliation Form - detailed reconciliation for each account code*)

FR-003 ***Reconciliation Statement***

Government of Seychelles

Reimbursement Voucher

Receiving Office

Year _____ Date _____	Min Div Type Number

Account Code				Details	Debit	Credit
Head	Div.	Group	Item		Rs	Rs
				Bank Account		-
					-	Net Total

Treasury Use
Date:

Receipt collected is in accordance with the Public Finance Management Regulations and the Accounting Manual.

Amount in words _____

Date of Bank Paying in slip _____

Paid in by: (signed) _____

Authorised Signatory (verified): ……

Ministry / Department _____

Brief Details of Revenue:- _____

Treasury Use
Treasury Receipt No.
Date:

Original-Treasury

Duplicate-Ministry / Department

Triplicate-Main Accounts Unit (where applicable)

Government of Seychelles

Request for Vehicle Repairs Form

Ministry/Department/Agency					
Division					
Year		Month			
Vehicle Number					

Date	Local Works Order No.	Details	Amount Rs	Cts	Comments

	Prepared by	Reviewed by
Name		
Signature		
Date		

FR-005 ***Request for Vehicle Repairs Form***

Government of Seychelles

Requisition for Purchase Form

Ministry/Department/ Agency	
Requisition Number	MDA ID/Year/ Number (Example: MOFTIEP/2019/001)

Head of Admin

Account Code	Supplier	Goods and Services Required	Quantity	Reasons for Request	Estimated Cost

	Head of Admin	Head of Accounts
Name		
Signature		
Date		

Approval *(Approved by Accounting Officer)*

Approved	☐	☐
Not Approved		
Name	.....	
Signature	.....	
Date	.....	

Recording(by Head of Accounts)

Amount recorded on TIS (Code):		.....	Signature		.....
Name of Head of Accounts	.....		Date		.....

FR-006 ***Requisition for Purchase Form***

GOVERNMENT OF SEYCHELLES

REVENUE VOUCHER

Receiving Office
CENTRAL

Year _____ Date _____

Min	Div	Type	Number
			R001

Account Code				Details	Debit	Credit
Head	Div.	Group	Item		Rs	Rs
				Total		-
				Bank Account	-	Net Total

Treasury Use
E of A
Date:

Receipt collected is in accordance with the Public Finance Management Regulations and the Accounting Manual.

Amount in words .....

Date of Bank Paying in slip .....

Paid in by: (signed) .....

Authorised Signatory (verified): .....

Ministry / Department .....

Brief Details of Revenue:- .....

Treasury Use
Treasury Receipt No.
Date:

Treasury - Original

Ministry / Department - Duplicate

Main Accounts Unit - Triplicate (where applicable)

FR-007 *Revenue Voucher*

Government of Seychelles

Revenue Voucher Upload List							
Ministry/ Dept/ Agency					Mode:		
Compiled By					Reference:		
Revenue No	**Admin**	**REV**	**PO**	**Description**	**Revenue**	**Status**	**Type**
Records Listed:				**Total Amount:**			

Treasury Use Only

	Batch Received by	Checked and Uploaded by
Name		
Signature		
Date		

FR-008 ***Revenue Voucher Upload list***

GOVERNMENT OF SEYCHELLES

Reversal Voucher

Paying Office

Ministry Reference

Min	Div	Type	Number

Supplier Code: **Year: 2007**
Name: **Date:**

Account Code				Details	Debit	Credit
Head	Div.	Group	Item		Rs	Rs
						-

Treasury Use
E of A
Date:

Bank Account			Net Total

Amount in words .....

Date of Bank Paying in slip .....

Paid in by: (signed) .....

Ministry / Department .....

Brief Details of Revenue:- .....

Treasury Use
Treasury Receipt No.
Date:

Treasury - Original
Ministry / Department - Duplicate
Main Accounts Unit - Triplicate (where applicable)

FR-009 ***Reversal Voucher***

Government of Seychelles

Reimbursement of Government Guaranteed Debt

MDA	
Division	

The following loan instalments are falling due as per date provided in table below and the MDA will not be able to service them.
Kindly arrange to settle the amount due. Action(s) has been initiated to reimburse Government the amount paid as

Sn	Loan Details						Repayment Details				Remarks
	Reference	Details	Agency	Amount	Currency	Instalment falling due on	Amount to be Repaid	Reason(s) for non-settlement	Action taken for reimbursement to Government	Amount to be reimbursed by	

		Requestor(Accounting Officer)	Approved by (PS)	TREASURY	
Name				Payment effected on	
Signature				PV number	
Date				Amount	

FR-010 ***Reimbursement of Government Guaranteed Debt***

Government of Seychelles

Salary Input Form: Overtime Authorisation

Ministry/Department/Agency			
Division			
Year		Month	

Date	Name of Employee	Nature of Work	Start	Finish	No. of Hours

	Prepared by	Reviewed by
Name		
Signature		
Date		

FS–001 ***Salary Input Form- Overtime Authorisation***

GOVERNMENT OF SEYCHELLES

SALARY INPUT FORM: PERIODICALLOWANCE

Ministry/Department/Agency			
Division			
Year		Month	
ORGANISATION NUMBER		ORGANISATION	

National Identity No.	Last Name	Initials		Type	Hours	ALLOWANCE - Rate	Amount
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					
	....	....					

	Prepared by	Checked by	Authorised by	Posted by
Name				
Signature				
Date				

FS-002 ***Salary Input Form- Periodic Allowance***

GOVERNMENT OF SEYCHELLES

SALARY INPUT FORM: PERIODIC DEDUCTION FOR THE MONTH OF .....

Ministry/Department/Agency			
Division			
Year		Month	
RGANISATION NUMBER		**ORGANISATION**	

National Identity No.	**Last NameInitials**	**Type**	**DEDUCTION: Amount**
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		
	....		

	Prepared by	Checked by	Authorised by	Posted by	Changes Reviewed by
Name					
Signature					
Date					

FS-003 ***Salary Input Form-Periodic Deduction***

GOVERNMENT OF SEYCHELLES

SALARY INPUT FORM: SALARY TRANSFER AUTHORISATION

Ministry/Department/Agency			
Division			
Year		Month	

You are authorized to transfer my monthly salary directly into my Bank Account. My personal details are as follows:

Surname			
Name of Bank			
Branch			
Type of Account *	Savings	Current	Deposit

*Delete as appropriate

Account Number																

Effective Date							
	Day		Month		Year		

NIN																

Cost Centre																

Signature …… Date …….

For Official Use

Entries made on Payroll Records

Payroll: ……

Title: ……

Date: ……

FS-004 ***Salary Input Form- Salary Transfer Authorisation***

GOVERNMENT OF SEYCHELLES

SALARY INPUT FORM: STANDING DATA FOR EMPLOYEE

Ministry/Department :

Organisation Number:		Organisation:

Option:

1 Add New Employee
2 Amend Employee Data
3 Suspend Pay
4 Delete Employee

Allowance/Deduction Status

A Add
R Replace
D Delete

Month:	Reference:

First Name Last Name

Date Of Birth Tax ID Number:

National Identity Number: Number:

Post title

Post No:

Cost Centre:

Scheme of Service Grade: Step:

Month Personal Salary:

Hourly Rate:

Start Date

End Date

STANDING ALLOWANCES

Status	Type	Description	Monthly Amount

STANDING DEDUCTIONS

Status	Type	Description	Monthly Amount	Outstanding Balance

	M =Cash C =Cheque T -Bank Transfer
Bank Details: Bank Code:	Bank Name: ----------
Account Number:	Account C=Current S=Savings
Prepared by: ---------- Date:	Authorised by: ---------- Date:
Checked by: ---------- Date:	Posted by: ---------- Date:

FS-005 ***Standing Data for Employee***

Government of Seychelles

Specimen Signature Form

Ministry/Department/Agency	
Division	

Details of Authorization

Name	
Designation	
Effective Date	From: To:
Voucher Authorized and Threshold	**Voucher** / **Threshold**
Specimen Signature	
Specimen initials	
Remarks	

Voucher	**Threshold**

Head of Accounts

Register of authorized signatories updated on: ……

Name : ……
Signature : ……
Date : ……

Approved by Accounting Officer

Name : ……*where approved by an officer other than Accounting Officer)*
Signature : ……
Date : ……

For use by Treasury			
Registered by	……		
Signature		Date	

FS-006 ***Specimen Signature Form***

Government of Seychelles							
Suspense Account Report							
Reporting Date							
Sn	Suspense Code	Transaction Type	Date Transaction Recorded	Amount	Details of Transactions	Action taken by Chief Accountant	Remarks

	Prepared By	Approved by(Chief Accountant)	Reviewed by
Name			
Signature			
Date			

FS-007 ***Suspense Account Listing***

Government of Seychelles

Vehicle Log Book

(Record of mileage and consumption of fuel and lubricants)

Ministry/Department/Agency								
Division								
Date	Journey Details	Odometer		Mileage				
		Start	Finish	Official KM	Private KM	Fuel Litres	Lubricant Litres	Remarks

FV-001 ***Vehicle Log Book***

Government of Seychelles
Vouchers Batch Control

Ministry/Department/Agency	
Division	
Batch Number	

Voucher No.	Name of Payee	No. of Posting Slips	Debit		Credit	
			Rs	Cts	Rs	Cts
	Total Submitted					

	Compiled by	Recedived by	Checked by
Name			
Signature			
Date			

Comments: ……

Original - Treasury
Duplicate – MDA (with acknowledgement of Treasury)
Triplicate – Retained in book

FV-002 ***Voucher Batch Control***

Government of Seychelles

Works Order

Ministry/Department/Agency	
Division	
Address	

No.
Date:

Supplier Details			
Name		Bank Name	
Address		Bank Account Number	

Please supply the following:

Account Code	Description	QUOTED PRICE	
		Rs	Cts
TOTAL			

Services to be executed at:	Please address invoice to:
……Head of Admin…… *……MDA Name and Address……* *……*	*Head of Accounts……* *MDA Name and Address……* *……*

	Prepared by	Authorized by
Name		
Designation		
Signature		
Date		

WORK EXECUTION					
I certify that the services have been rendered/work executed as per agreed terms and conditions					
Name		Signature		Date	

Original - Supplier Duplicate - Accounts Triplicate – Stores Quadruplicate– MDA

FW-001 *Works Order*

Government of Seychelles

Write-Off Application Form of Accounts

Ministry/Department/Agency

Account to be written off	
Account in the Name of	*List as per annex to be submitted in case of more than one advance to be written*
Financial Warrant Reference	
Purpose of Account	
Amount of Account	
Amount Outstanding as at date	
Actions taken to write-off	*(Documentary evidence to be provided)*
Date : ……..…….	
Name of Accounting Officer : ……	
Signature : ……..…….	
Recommendations of Write Off Committee (Applicable to Debt only)	
Recommended by: ……..	
Date : ……. Signature:…….	
Approval of Principal Secretary	
Approved ☐ Not Approved ☐ Budget Item:…….	
Date : …….	
Name of Approver : ……. Signature : ……..	
Write off	
Journal Reference Number	*(Journal copy to be attached)*
Date	……
Signature	……
Remarks	

FW-002- Write Off Application Form for Accounts

Government of Seychelles
Write-Off Application Form of PPE
Serial No……..

Ministry/Department/Agency	
Division	

Description of Item	Quantity	Date of Acquisition	Reason for Write-Off	Original Costs (Rs)		Value as per Register (Rs)	Current Estimated Value (Rs)	Proposed Method of Disposal

Submitted by (Signature and Date): ……		Approved for Write-Off	Not Approved for Write-Off
Designation: …….		Signature and Date: ……	
		Principal Secretary of Finance	

Original – **PS Finance** Return to Ministry after Approval
Duplicate **-** Ministry of Finance/Treasury to update Write-Off Register
Triplicate – Auditor General for Information
Quadruplicate - Ministry/Department/Agency
FW-003 ***Write Off Application Form for PPE***

Government of Seychelles

Material Requisition form

REQUESTER		Requisition No	
Division /Unit		Date	
Requested To			
Please deliver the following items			

Sr no	Item code	Item description	Unit	Remarks

Special handing over instruction

Requested by		Authorized by (Head of the department)	
Name		Name	
Signature		Signature	
Date		Date	

FW-004 Material request form

Original - Stores
Duplicate - Account section
Triplicate - Division /Unit