



WORLD HEALTH ORGANIZATION

WHO 413: Monthly Statement of Imprest Account

Monthly Statement of Imprest Account No	Period
Imprest Holder	Currency
Bank Name	
Bank Account Number	
<b>A. GL Balance</b> Balance at the end of AUG-16 as per GL	Bank Balance: Cash Balance: <b>Total (A):</b>
<b>B. Imprest Balance</b> Balance at the end of AUG-16 as per Imprest	Bank Balance: Cash Balance: <b>Total (B):</b>
<b>C. Bank Statement &amp; Cash Count Balance</b> Balance at the end of AUG-16 as per Bank Statement and Cash Count	Bank Balance: Cash Balance: <b>Total (C):</b>
<b>D. Reconciling Items between GL and Imprest Balance</b> Bank a. Unreconciled Credits (Receipts) b. Unreconciled Debits (Payments)  Cash a. Unreconciled Credits (Receipts) b. Unreconciled Debits (Payments)	<b>Total (D):</b>
<b>E. Reconciling Items between Bank Statement &amp; Cash Count and Imprest Balance</b> 1. Items in Imprest and not in Bank Statement Bank a. Unreconciled Credits (Receipts) b. Unreconciled Debits (Payments)  Cash a. Unreconciled Credits (Receipts) b. Unreconciled Debits (Payments)	<b>Total (E1):</b>
2. Items in Bank Statement and not in Imprest Bank a. Unrecorded Credits (Receipts) b. Unrecorded Debits (Payments)  Cash a. Unrecorded Credits (Receipts) b. Unrecorded Debits (Payments)	<b>Total (E2):</b>
<b>F. Unreconciled Balance (B-C+E):</b>	<b>Total (E):</b>  Bank Balance: Cash Balance: <b>Total (F):</b>
<b>G. Replenishment</b>	Imprest Ceiling (G): Balance as per Imprest (B): <b>Amount to Replenish (G - B):</b>
Place :	Prepared By:
Signature of Imprest Holder	Date: