

TREASURY

TREASURY ACCOUNTING SYSTEM

Request Form To Void Payment/Cancel Invoices in TAS

Min/Dept :

Tel No :

Email :

To: **Accountant-General**

Grateful, if arrangement could be made to:

(Please tick (√) as appropriate)

Void Payment

Void Payment and Cancel Invoices

SN	PAYMENT DATE	PAYMENT DOCUMENT NUMBER	INVOICE BATCH NAME	PV NUMBER	PAYEE	AMOUNT (RS)

Reason(s) to void payment/cancel invoice(s):

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.....

.....

Confirmation & Certification by OIC Finance:

Name:

Tel:

Date:

Signature:

(Officer-In-Charge of Finance)

Recommendation by Accounting Officer:

Name:

Tel:

Date:

Signature:

(Accounting Officer)*

(*Note: The Officer signing as Accounting Officer should not be below the rank of a Deputy Permanent Secretary)

For Use at The Treasury

Verified & Found Correct

Approved By:

Processed By:

Name:

Name:

Name:

Sig:

Sig:

Sig:

Date:

Date:

Date: