**PART A** (To be filled by the Ministry/Dept)

Min/Dept …………………………………………………………………………………………………………………………….…….………

Tel No : …................................... Govt Email: …………………………..…………………… Fax:……..……….……………….

**To: Accountant-General**

Grateful, if approval could be granted to access TAS for the following Officer(s):

 NAME: (1) ……………………………………………………………(2)……………………………….……………………………………........

Nature of Task(s) to perform :…………………………………………………………………..…………………………………………….

|  |
| --- |
|  Treasury Annex IX Treasury accounting system REQUEST FOR ADJUSTMENTS AFTER SECOND CLOSING |

|  |  |  |  |
| --- | --- | --- | --- |
| **Month**  | **Full TAS Account Code Combination** | **Amount (Rs)**  | **Reason**  |
| **From**  |  | **To**  |
|  |   |  |   |   |   |
|  |   |  |   |   |   |
|   |   |  |   |   |   |

Document(s) Attached: ……………………………………………………………………… Date: …………………………………………..

Accounting Officer/ OIC Finance: ……………………………………………………….. Signature: …………………………………...

**PART B** (To be filled by the Accounts Section, Treasury)

**To: Officer-in Charge, TAS**

Please allow access to the above named Officer(s) to carry out task(s) as per request.

Name:………….…………….………………………………………..………… Designation:…………………………………………….

Date:…………………………………………………………………………….. Signature:………………………..………………………

**PART C** (For use at the TAS Section, Treasury)

|  |  |  |  |
| --- | --- | --- | --- |
| Period opened: ………………………………………….   |   | Name  | : ………………………….…………….  |
|  |  | Designation | :…………………………………………… |
|  |  |  |  |
| Period closed: ………………………………………….   |   | Signature  | : ………………………………………….  |
|   |   | Date  | : ………………………………………….  |
|  |  |  |  |

*Treasury -Rabadia Building, Mere Barthelemy Street, Port-Louis*

*Tel No: 260 5000 Fax No: 212 6767/213 3439*