**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*