

**JAMHURI YA MUUNGANO WA TANZANIA**  
**OFISI YA RAIS**  
**TAWALA ZA MIKOA NA SERIKALI ZA MITAA**

**HALMASHAURI YA WILAYA MASASI**

Simu: 023 - 2510013, 2510031.  
Fax: 023 - 2510214, 2510652, 2510752  
E-mail: [ded@masasidc.go.tz](mailto:ded@masasidc.go.tz)  
Website: [www.masasidc.go.tz](http://www.masasidc.go.tz)



S.L.P. 60,  
Masasi,  
Mtwara,  
TANZANIA.

↓  
Unapojibu tafadhali taja:

Kumb. Na. MDC/ \_\_\_\_\_

Tarehe. \_\_\_\_\_

**HATI YA RUHUSA KWENDA NJE YA KITUO CHA KAZI – SHUGHULI ZA KIKAZI**

(Ijazwe nakala 3, moja apewe mtumishi aliyeomba ruhusa, moja ibaki katika jalada na moja ipelekwe kwa Mkuu wa Idara)

**1.0 MAELEZO YA MWOMBAJI:**

1. Jina la mwombaji: \_\_\_\_\_
2. Cheo: \_\_\_\_\_
3. Ngazi ya mshahara: \_\_\_\_\_
4. Idara: \_\_\_\_\_
5. Nitasafiri kwa njia ya gari la kazi/basi kwenda \_\_\_\_\_
6. Nitaka huko siku \_\_\_\_\_

**2.0 MCHANGANUO WA SIKU ZA KULALA NJE NA MALIPO YAKE:**

TAREHE	MAHALI	TAREHE	MAHALI	JUMLA YA SIKU	MALIPO KWA SIKU (SHS)	JUMLA (SHS)
					Nauli	
					Posho ya 50%	
					Gharama nyingine	
					<b>JUMLA KUU</b>	

**3.0 MAELEZO YA SAFARI:**

(Ambatanisha nakala ya barua ya mwaliko kama unayo)

Tarehe \_\_\_\_\_

Saini ya Mwombaji \_\_\_\_\_

**4.0 UTHIBITISHO WA MKUU WA IDARA:**

Nathibitisha kuwa mtajwa hapo juu ni mtumishi wa Idara yangu na anapaswa kusafiri kikazi.

Napendekeza alipwe Sh. \_\_\_\_\_ kutoka Kasma \_\_\_\_\_ Akaunti

Na. \_\_\_\_\_ iitwayo \_\_\_\_\_ Kasma imetengewa Sh.

\_\_\_\_\_ kwa mwaka na matumizi hadi sasa ni Sh. \_\_\_\_\_

Tarehe \_\_\_\_\_

Sahihi ya Mkuu wa Idara \_\_\_\_\_

**5.0 MAPENDEKEZO YA MWEKA HAZINA:**

Bajeti inaruhusu: Ndiyo/hapana salio la fedha kwa kifungu husika ni Sh. \_\_\_\_\_ kufikia

tarehe \_\_\_\_\_

Tarehe \_\_\_\_\_

Sahihi ya Mweka Hazina \_\_\_\_\_

**6.0 UAMUZI WA MKURUGENZI MTENDAJI WA HALMASHAURI YA WILAYA:**

Kutokana na maelezo ya hapo juu mwombaji apewe/asipewe Sh. \_\_\_\_\_

Tarehe \_\_\_\_\_

SAHIHI YA MKURUGENZI  
MTENDAJI WA WILAYA

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**FOMU YA KUOMBA UNUNUZI WA VIFAA VYA OFISI/HUDUMA**

(Fomu hii ijazwe nakala mbili, nakala moja itabaki kwenye jalada husika)

1.0 Mimi \_\_\_\_\_ Cheo \_\_\_\_\_ Idara \_\_\_\_\_

Naomba idhini ya kununuliwa kwa vifaa/huduma zifuatazo kwa matumizi ya Idara/Kitengo

NA	AINA YA HUDUMA/ KIFAA	IDADI	GHARAMA (TSH)	GFS CODE	FEDHA		
					ZILIZO IDHINISHWA KWA MWAKA	ZILIZO TUMIKA HADI SASA	ZILIZOSALIA
1							
2							
3							
4							
5							
6							
7							
8							
<b>JUMLA TSHS.</b>							

2. Jina la Mtoa Vifaa/Huduma aliyependekezwa \_\_\_\_\_
3. Purchase Requisition No \_\_\_\_\_ ya tarehe \_\_\_\_\_
4. Jina la Mwombaji \_\_\_\_\_ saina \_\_\_\_\_ tarehe \_\_\_\_\_
5. Maoni ya Mkuu wa Idara: Napitisha/Sipitishi maombi haya kwa ajili ya matumizi ya Idara/Kitengo kwa sababu \_\_\_\_\_  
Jina \_\_\_\_\_ Saina \_\_\_\_\_ Tarehe \_\_\_\_\_
6. Hali ya kifedha ya Sub Vote husika (Ijazwe na Idara ya Fedha na Biashara):
  - (a) Kiasi cha fedha kilichotengwa TSh. \_\_\_\_\_
  - (b) Kiasi kilichotumika hadi sasa TSh. \_\_\_\_\_
  - (c) Kiasi kilichobaki hadi sasa TSh. \_\_\_\_\_
  - (d) Kiasi kitakachobaki baada ya manunuzi haya TSh. \_\_\_\_\_
7. Maoni ya Mweka Hazina \_\_\_\_\_  
Saina \_\_\_\_\_ Tarehe \_\_\_\_\_
8. Uamuzi wa Mkurugenzi Mtendaji (W): Nakubali/Sikubali\*.  
Saina \_\_\_\_\_ Tarehe \_\_\_\_\_

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Tarehe. \_\_\_\_\_

**HATI YA RUHUSA KWENDA NJE YA WILAYA – SHUGHULI BINAFSI**

(Ijazwe nakala, moja apewe mtumishi aliyeomba ruhusa, moja ibaki katika jalada na moja ipelekwe kwa Mkuu wa Idara).

1. Jina: \_\_\_\_\_
2. Cheo: \_\_\_\_\_
3. Check Na: \_\_\_\_\_
4. Idara: \_\_\_\_\_ Kitengo: \_\_\_\_\_
5. Naomba ruhusa ya kwenda nje ya kituo changu cha kazi kuanzia tarehe \_\_\_\_\_ hadi tarehe \_\_\_\_\_
6. Ombi hili ni kwa ajili ya shughuli zifuatazo:
  - (i) \_\_\_\_\_
  - (ii) \_\_\_\_\_
7. Shughuli hiyo ni ya kibinafsi hivyo nitajigharamia na kufidia/kutofidia siku hizo katika likizo yangu ya mwaka.
8. Jina la Mwombaji: \_\_\_\_\_ Sahihi: \_\_\_\_\_
9. Maoni ya Mkuu wa Idara: \_\_\_\_\_  
\_\_\_\_\_  
Saini: \_\_\_\_\_ Tarehe: \_\_\_\_\_
10. Idhini ya Afisa Utumishi wa Wilaya (Kwa watumishi wengine):  
\_\_\_\_\_  
Saini: \_\_\_\_\_ Tarehe: \_\_\_\_\_
11. Idhini ya Mkurugenzi Mtendaji wa Wilaya (Kwa Wakuu wa Idara, Vitengo na Sehemu pekee):  
\_\_\_\_\_  
Saini: \_\_\_\_\_ Tarehe: \_\_\_\_\_

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Tarehe. ....

**TAARIFA YA UHARIBIFU WA GARI/MTAMBO/COMPUTER**  
**(Futa isiyohusika)**

- 1.0 Mimi .....  
Cheo .....  
Idara .....
- 2.0 Natoa taarifa kwamba Gari/Mtambo/Computer Na. .... ninayotumia  
imeharibika na inahitaji matengenezo yafuatayo:-  
(i) .....  
(ii) .....  
(iii) .....  
(iv) .....
- 3.0 Saini:..... Tarehe:.....  
Mara ya mwisho Gari/Mtambo/Computer kutengenezwa ilikuwa tarehe ..... ilipofika  
Km. ....
- 4.0 Uthibitisho na Idhini ya Fundi Mkuu:  
Nimelikagua gari na ninathibitisha kuwa bovu na inahitaji matengenezo (Ainisha ubovu na  
vipuli):  
.....  
.....  
.....  
.....

**Fundi Mkuu:**

Jina:..... Saini:..... Tarehe:.....

Imepitishwa na:-

**Mkuu wa Idara**

Jina:..... Saini:..... Tarehe:.....

Imethibitishwa na:

**Afisa Usafirishaji wa Halmashauri (kwa magari na mitambo tu)**

Jina:..... Saini:..... Tarehe:.....

Imeidhinishwa na:-

**Mkurugenzi Mtendaji (W)**

Jina:..... Saini:..... Tarehe:.....

Requisition itajazwa baada ya fomu kukamilika. Fomu hii ijazwe nakala mbili, nakala moja itabaki kwenye jalada la gari/mtambo/computer husika. Fomu iambatane na "Job Card" na Works Order" pamoja na Fomu ya Ununuzi wa Huduma/Vifaa.

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Tarehe. ....

**KWA YEYOTE ANAYEHUSIKA:**

**YAH: KIBALI CHA KUENDESHA GARI NJE YA WILAYA/ BAADA YA SAA ZA KAZI/ SIKU  
ZA MAPUMZIKO**

**1.0 MWOMBAJI:**

**Jina:** \_\_\_\_\_ **Cheo:** \_\_\_\_\_ **Idara:** \_\_\_\_\_  
ameruhusiwa kutumia gari Na. \_\_\_\_\_ mali ya Halmashauri ya Wilaya ya Masasi  
baada ya saa za kazi/siku za mapumziko ili kufanya shughuli/kazi zifuatazo:-

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Jina la Dereva ni \_\_\_\_\_ mwenye kitambulisho cha  
mfanyakazi wa Halmashauri Na. \_\_\_\_\_ na ataendesha tarehe \_\_\_\_\_  
katika maeneo ya Wilaya ya \_\_\_\_\_ Mkoa wa \_\_\_\_\_ kuanzia  
saa \_\_\_\_\_ tarehe \_\_\_\_\_ mpaka saa \_\_\_\_\_ tarehe \_\_\_\_\_

**Saini ya Dereva** \_\_\_\_\_ **Tarehe** \_\_\_\_\_

**2.0 Maoni ya Mkuu wa Idara** \_\_\_\_\_ **Saini:** \_\_\_\_\_ **Tarehe** \_\_\_\_\_

**3.0 Maoni ya Afisa Usafirishaji** \_\_\_\_\_ **Saini:** \_\_\_\_\_ **Tarehe** \_\_\_\_\_

**3.0 Idhini ya Mkurugenzi Mtendaji (W)** \_\_\_\_\_ **Saini:** \_\_\_\_\_  
**Tarehe** \_\_\_\_\_

## SICK SHEET

(To be filed in by patients Officer/Division and filed when completed)

1. To Officer in Medical in charge of ..... Hospital/Rural Health Centre/Dispensary  
Mr/Mrs/Miss ..... Is sent herewith for treatment He/She is entitled to Grade ..... treatment in terms of General Order Appendix C/II

Date ..... Time ..... Signature of Authorized Officer ..... Station .....  
..... Office/Division/Ministry .....

2. To Officer in charge ..... Officer/Division  
Hereby certify that Mr/Mrs/Miss ..... is under treatment and is able/unable to follow his/he occupation. He/She is admitted to Hospital/treated in Quarters/to attend ..... for treatment\*

Date ..... Time ..... Signature of officer in Medical in charge .....  
..... Hospital/ Rural Health Centre/Clinic/Dispensary.

3. I hereby certify that Mr/Mrs/Miss ..... has now sufficiently recovered to resume he/her occupation.

Date ..... Time ..... Signature of Officer  
Medical incharge .....  
..... Hospital/Rural Health Centres/Clinic/Dispensary

..... day of excuse duty granted ..... day of night duty granted  
Date ..... 20..... Initials .....

### RECORD OF ATTENDANCE AND VISITS

Date	Time	Remarks	Signature of Medical Officer Visitor

### INSTRUCTIONS

- (a) The sick sheet is to be used in all departments for all Gov. Officer subordinate staff and employees.
- (b) A supply will be kept by all departments and officers in medical charge or used in case of direct applicant for treatment in which case the short will be sent by the patient to Head of Officer Division/Ministry for signature).
- (c) For each illness – free sheet will be used/issued
- (d) The sheet will be signed at least twice in each week by the Officer in Medical in charge of the case and if on desired may one inhaled for that.

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**APPLICATION FOR SPECIAL IMPREST TSHS .....**

**PART A:**

1. Name of Applicant .....  
Designation .....  
Department .....  
Salary per month Shs.....

2. I apply for Special Imprest for the following reasons  
.....  
.....

DATE..... Signature .....  
**HEAD OF DEPARTMENT**

**PART C:**

**COMMENTS OF THE IMPREST LEDGER KEEPER:**

According to our books, the position of previous Special imprest TShs .....

DATE: .....  
**IMPREST LEDGER KEEPER**

**PART D:**

**COMMENTS OF THE TRESURER**

I therefore recommend that the applicant may/may not be paid the imprest for the following reasons:.....  
.....

DATE .....  
**DISTRICT TREASURE**

**PART E:**

**DIRECTOR'S DECISION:**

In the light of the above facts, I approve / do not approve the imprest to the extent of TShs.....  
.....

DATE .....  
**DISTRICT EXECUTIVE DIRECTOR**

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Kumb. Na MDC/T.20/1/ .....

Tarehe. ....

**FOMU YA MAOMBI YA KUFANYA KAZI BAADA YA SAA ZA KAZI AU SIKU ZA  
MAPUMZIKO**

1. **Jina la Mtumishi:** ..... **Check Na**.....
2. **Idara/Kitengo:** .....
3. **Maelezo ya kazi anayoomba kufanya baada ya muda wa kawaida wa kazi.**  
.....  
.....  
.....

**Sahihi ya Mwombaji** ..... **Tarehe** .....

1. **Maombi ya Mkuu wa Idara/Kitengo:**  
.....  
.....  
.....

.....  
**Sahihi ya Mkuu wa Idara/Kitengo**

.....  
**Tarehe**

2. **Idhini ya Mkurugenzi Mtendaji (W)**  
**Naidhinisha Kazi hiyo ifanyike baada ya saa za kazi kwa muda wa siku** .....





<sup>3</sup>funds are available or budgeted for the requirement

Procurement procedural Form issued by PPRA, June 2008