MINISTRY OF FINANCE, ECONOMIC PLANNING AND DEVELOPMENT

Circular No 5 of 2020

Our Ref: CF/50/10/80/15/38 11 August 2020

From: Financial Secretary

To: Supervising Officers-in-Charge of Ministries/Departments and Accounting Officers

Expenditure Management i.c.w MV WAKASHIO

The purpose of this Circular is to inform you of the process being put in place to ensure proper recording and tracking of expenditure by Ministries/Departments in connection with the MV WAKASHIO shipwreck.

2. It is important that such expenses are properly identified, recorded and documented as Government intends to submit a claim to the Insurance Company of MV WAKASHIO for compensation and indemnity purposes. These fully documented expenses will form the basis for making the insurance claim.

3. In this context, to facilitate the process, a Special Fund Account (SFA) with code 83201015 has been created by the Treasury to which all expenses relating to MV WAKASHIO should be charged. The Treasury will, therefore, effect all such payments on behalf of both Self-Accounting and Non-Self Accounting Departments. You are requested to ensure that all payments related to MV WAKASHIO are properly documented, recorded and effected as per existing financial rules.

4. Accordingly, you are requested to:

   (i) use the SFA code to record all such expenditures;

   (ii) properly fill the Payment Vouchers (PVs) with the SFA code, including the spending entities’ ID Code;

   (iii) batch separately the PVs and submit to the Treasury in two sets (one original and one certified true copy);

   (iv) carry out necessary reconciliation prior to submission of the PVs to the Treasury;

   (v) keep details of the expenditure in Excel format as per Annex I and submit same by e-mail to the Treasury (treasury.tas@govmu.org); and

   (vi) make necessary adjustment against the SFA for payments already effected under any item of expenditure under your control. In such cases,

       (a) Non-Self Accounting Departments should submit a list of such PV numbers;

       (b) Self-Accounting Departments should submit the original PVs and keep a certified true copy at their level for audit purposes.
5. You are also kindly requested to ensure that public entities falling under your purview, identify separately the expenditure relating to MV WAKASHIO and submit the following documents through the parent Ministry:

(i) *for the purpose of assisting the building up of claim for insurance purposes:* original invoice duly certified for onward submission to the Director of Shipping, Ministry of Blue Economy, Marine Resources, Fisheries and Shipping;

(ii) *for the purpose of claiming the refund expenditure:* a certified copy of original invoice together with a request for refund and the public entity’s bank account details to the Treasury; and

(iii) both (i) and (ii) above should be accompanied with details of the expenditure as per Annex I.

6. You are requested to ensure compliance with the above procedures and bring the contents of this letter to the attention of Public Entities falling under the aegis of your Ministry

\[Signature\]

D.D. Manraj, GOSK
Financial Secretary
# DETAILS OF EXPENDITURE i.e. MV WAKASHIO

Name of Entity: ........................................................................................................................................

TAS Code*: ........................................................................................................................................

<table>
<thead>
<tr>
<th>Date</th>
<th>PV Number</th>
<th>Details /Description</th>
<th>Supplier</th>
<th>Amount(Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Where applicable

Certified by:

Name: ..............................................................................................................

Designation: ....................................................................................................

Date: ..............................................................................................................