Form Gen 43
(Revised 87)

REPUBLIC OF BOTSWANA

BOTSWANA GOVERNMENT

HOUSE VACATION CERTIFICATE

General Order 907

Five copies No. 1 Furniture officer or DC
No. 2 Auditor-General
No. 3 Estate Officer
No. 4 BHC or W & C officer (District houses)
No. 5 Returns to Dept. concerned for issue of casualty return and for the file

1. Vacation of quarters

House /Flat No.	Type		Station
Name of Tenant	Ps No.	Post	Ministry / Department
Date when the quarter will be vacated	at hours		
Signature, responsible officer at the Department / District office	Date	Designation of authorising officer	

2. Report on the state of the quarter at vacation

Defects and damage about the quarter and all fittings

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Estimated cost of damage P.....

Furniture, equipment and keys in accordance to the inventory except for the following deficiencies (description, inventory, actual deficient and replacement value)

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General condition of furniture and equipment

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Action suggested

Signature, Furniture officer or DC etc	Date	Key to the quarter received from the tenant (date)

3. The tenant's acceptance of the report on the state of the quarter

I ☐ do accept / ☐ do not accept the report on the state of the quarter and fittings

Comments	Tenant signature	Date

4. Clearance (Ministry / Department concerned)

The outgoing tenant should be given clearance. A casualty return (Form T.20) has been submitted to the Accountant General

Signature, responsible officer	Name in block letters	Grade	Date

Notes