DA • Walter J

Another Hope Children's Ministries

Payment Request Form.

PART A (To be completed by the applicant)

STATION Nansana DATE 27/10/12

APPLICANT'S NAME Kusemera PAYABLE TO Kasozi

AMOUNT(Figures) 200,000/=

AMOUNT (Words) Two Hundred thousand shs.

PURPOSE FOR REQUEST water (10,000 Ltrs)

APPLICANT'S SIGNATURE Kusemera.

PART B (To be completed by the Head of Department)

MONEY IN THE BUDGET YES [✓] NO [ ] ON ACCOUNT Your sibling

CHECKED RECOMMENDED BY NAME Nambowa. Ruth B DESIGNATION ED.

SIGNATURE [signature] DATE 27/10/12.

AMOUNT RECOMMENDED 200,000

PART C (To be completed by the Director or anyone standing in for her/him.

APPROVED BY

NAME KASOZI DANIEL DESIGNATION JD

SIGNATURE [signature] DATE 27/10/12

AMOUNT APPROVED 200,000

RECEIVED BY

NAME Kalleem SIGNATURE [signature] DATE 27/10/12

All the necessary accountabilities must be attached to this form after Payments are made e.g. receipts, invoices. (F&A Finance & Administration. PC Project Coordinator, ED Executive Director)