

Another Hope Children's Ministries

Payment Request Form.

PART A (To be completed by the applicant)

STATION Namwama

DATE 7/1/13

APPLICANT'S NAME Batalca

PAYABLE TO Mukye

AMOUNT (Figures) 240,000/-

AMOUNT (Words) Two hundred forty thousand shs.

PURPOSE FOR REQUEST Lake sand one trip.

APPLICANT'S SIGNATURE [Signature]

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

MONEY IN THE BUDGET YES ☒ NO ☐ ON ACCOUNT _____

CHECKED RECOMMENDED BY
NAME Kusemwa Cusi

DESIGNATION Ac/mrc.

SIGNATURE [Signature]

DATE 7/1/13

AMOUNT RECOMMENDED

240,000/-

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

APPROVED BY

NAME KASOZI DANIEL DESIGNATION DD

SIGNATURE [Signature] DATE 7/1/13

AMOUNT APPROVED

240,000

RECEIVED BY

NAME A. Mukye SIGNATURE [Signature] DATE 7/1/13

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)