

Another Hope Children's Ministries

Payment Request Form.

PART A (To be completed by the applicant)

STATION Nansana DATE 7/1/13
APPLICANT'S NAME Batuka PAYABLE TO Mwye
AMOUNT (Figures) 400,000 K
AMOUNT (Words) four hundred thousand sh.
PURPOSE FOR REQUEST River sand (2 trips)

APPLICANT'S SIGNATURE [Signature]

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

MONEY IN THE BUDGET YES ☒ NO ☐ ON ACCOUNT for siblings

CHECKED RECOMMENDED BY

NAME Kusemwa Cisy DESIGNATION _____

SIGNATURE Kusemwa DATE 7/1/13

AMOUNT RECOMMENDED 400,000-

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 14th/1/13

AMOUNT APPROVED 400,000

RECEIVED BY

NAME Mwye 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)