Another Hope Children's Ministries

Payment Request Form.

PART A (To be completed by the applicant)

DATE 14/10/12.

STATION Nansana

APPLICANT'S NAME Batuuka Ester PAYABLE TO Mukuye

AMOUNT (Figures) 400,000/=

AMOUNT (Words) Four hundred thousand shillings

PURPOSE FOR REQUEST Small stones 2 trips each at 200,000/=

APPLICANT'S SIGNATURE [signature]

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

MONEY IN THE BUDGET YES [✓] NO [ ] ON ACCOUNT ~~Good measure~~ Foursibling

CHECKED RECOMMENDED BY

NAME Kusemera Cissy DESIGNATION AC/APC

SIGNATURE [signature] DATE 14/10/12

AMOUNT RECOMMENDED 400,000 =

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

APPROVED BY

NAME Nambowa Ruth B DESIGNATION ED

SIGNATURE [signature] DATE 14/10/12

AMOUNT APPROVED 400,000/=

RECEIVED BY

NAME Mukuye SIGNATURE [signature] DATE 14/10/12

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)

money is being refunded on 7/1/13.