

Another Hope Children's Ministries

Payment Request Form.

PART A (To be completed by the applicant)

STATION Nansana

DATE 13/1/13

APPLICANT'S NAME Batwba

PAYABLE TO Mwape

AMOUNT (Figures) 50,000=

AMOUNT (Words) fifty thousand shs.

PURPOSE FOR REQUEST

Transporting metallic
Doors & windows.

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 Cury

DESIGNATION AC/Asst.

SIGNATURE [Signature]

DATE 13/1/13

AMOUNT RECOMMENDED 50,000=

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

APPROVED BY

NAME KASOZI

DANIEL

DESIGNATION [Signature]

SIGNATURE [Signature]

DATE 13th/1/13

AMOUNT APPROVED 50,000

RECEIVED BY

NAME Mwape

SIGNATURE [Signature]

DATE 13/1/13

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)