

Another Hope Children's Ministries

Payment Request Form.

PART A (To be completed by the applicant)

STATION Nandana DATE 17/1/13
APPLICANT'S NAME Batwika PAYABLE TO Deo
AMOUNT (Figures) 80,000/-
AMOUNT (Words) Eighty thousand Shs.
PURPOSE FOR REQUEST security & labor for
carrying metallic windows & doors.
APPLICANT'S 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 Kuseneraaisy DESIGNATION Ac/Asst.
SIGNATURE Kusenera DATE 17/1/13
AMOUNT RECOMMENDED 80,000/-

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 17/1/13
AMOUNT APPROVED 80,000

RECEIVED BY

NAME Mubiru Deo SIGNATURE [Signature] DATE 17/1/13

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)