

Another Hope Children's Ministries

Payment Request Form.

PART A (To be completed by the applicant)

STATION Nansana DATE 12/2/13

APPLICANT'S NAME Bathwika PAYABLE TO Mukye

AMOUNT (Figures) 600,000 K

AMOUNT (Words) Six hundred thousand Shs.

PURPOSE FOR REQUEST 3 trips of River sand

(Veranda)

APPLICANT'S SIGNATURE [Signature]

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

MONEY IN THE BUDGET YES ☒ NO ☐ ON ACCOUNT For sibling's

CHECKED RECOMMENDED BY NAME Kusemera Assy DESIGNATION AC/APC

SIGNATURE [Signature] DATE 12/02/13

AMOUNT RECOMMENDED 600,000 K

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 12th/2/13

AMOUNT APPROVED 600,000

RECEIVED BY NAME Mukye SIGNATURE [Signature] DATE 13/2/13

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)