

2013/12/13

Another Hope Children's Ministries

Payment Request Form.

PART A (To be completed by the applicant)

STATION Nansana DATE 12/12/13

APPLICANT'S NAME Baturwa PAYABLE TO Mukye

AMOUNT (Figures) 4400000

AMOUNT (Words) Four hundred forty thousand shs

PURPOSE FOR REQUEST two types of lake sand (verandah)

APPLICANT'S SIGNATURE [Signature]

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

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

CHECKED RECOMMENDED BY NAME Cusemere Cusy DESIGNATION AC/APC

SIGNATURE Cusemere DATE 12/12/13

AMOUNT RECOMMENDED 440,000

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 12th/2/13

AMOUNT APPROVED 440,000

RECEIVED BY

NAME Mukye SIGNATURE [Signature] DATE 14/12/13

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)

Mistake in book