

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 Batwika E PAYABLE TO Mukye

AMOUNT (Figures) 400,000 K

AMOUNT (Words) four hundred thousand shs.

PURPOSE FOR REQUEST 2 Trips of Aggregate

APPLICANT'S SIGNATURE [Signature]

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

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

CHECKED RECOMMENDED BY
NAME Rusemwa Aiy DESIGNATION AC/APC

SIGNATURE Rusemwa DATE 12/2/13

AMOUNT RECOMMENDED 400,000 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 400,000

RECEIVED BY

NAME Mukye SIGNATURE [Signature] DATE 14/2/13

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)