

N3  
Jocelyn

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 Mukwege

AMOUNT (Figures) 1,150,000

AMOUNT (Words) One million one hundred fifty thousand shs.

PURPOSE FOR REQUEST 4000 ~~200~~ bits each at

APPLICANT'S SIGNATURE (Verahdah)

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

MONEY IN THE BUDGET YES ☒ NO ☐ ON ACCOUNT Yoursbling

CHECKED RECOMMENDED BY  
NAME Kusemwa asy DESIGNATION AC / APC

SIGNATURE kusemwa DATE 12/2/13

AMOUNT RECOMMENDED 1,150,000 ~~1,000,000~~ F.

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 1,150,000 ~~1,000,000~~

RECEIVED BY

NAME Mukwege SIGNATURE (Signature) DATE 16/02/2013

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)

price increased  
to 250F  
from  
220F  
so we  
can  
only  
get  
200  
50