

m/A
100
Receipt

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 Bahuka E.

PAYABLE TO Mwanga Mwisi

AMOUNT (Figures) 1,000,000 K

AMOUNT (Words) One million Shs.

PURPOSE FOR REQUEST Labour for main house

(final payment). (residual)

APPLICANT'S SIGNATURE [Signature]

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

MONEY IN THE BUDGET YES ☒ NO ☐ ON ACCOUNT touring

CHECKED RECOMMENDED BY

NAME Kusumera Aisy

DESIGNATION AC/APC

SIGNATURE [Signature]

DATE 12/2/13

AMOUNT RECOMMENDED 1000000 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 12/2/13

AMOUNT APPROVED 1,000,000

RECEIVED BY

NAME MWISI

SIGNATURE [Signature]

DATE 12/2/13

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)