CHEQUE/INHOUSE PAYMENT VOUCHER FORM

UFAMI SACCO P.O BOX 271-00520

RUAI

1.PAYEE NAME GABRIEL ONGA.

MOBILE PHONE 0721 203166

M/NO 33 ZONE

OR

2. AUTHORITY BY PAYEE

Gabriel ongg. ID 7423835 to take the payment on my behalf.

PAYEE SIGNATURE.....

AUTHORISED MEMBER NO.....ZONE.....NAME......SIGN......SIGN.....

DESCRIPTION OF PAYMENT

MIND 30 - 10an- 15,000

mino 159 - 10an - 12000

TREASURER......DATE......DATE PIUS MUENDO MUTISO

WMM DATE 36 7/19

KSH Twenty reven thousand only

for MINOS. 30 \$ 159

AMOUNT(KSH)

27,000

VINCENT OGEGA MOGAKA