

3.2

CASH REQUISITION FORM ENL/ACCT/F01A



EL SHCON
Energy Services Provider

DEPARTMENT: <i>Utility Services</i>			
DATE: <i>18-07-2022</i>			
S/N	Description	#	K
	<i>Weekend allowances for</i>		
	<i>Austin Ozer</i>	<i>3,000</i>	
	<i>Ugoh Donald</i>	<i>2,000</i>	
	<i>Lawrence Friday</i>	<i>2,000</i>	
	<i>Thompson Ubonguitor</i>	<i>2,000</i>	
	TOTAL	<i>9,000</i>	<i>00</i>
REQUESTED BY:	NAME	SIGNATURE	DATE
AUTHORIZED BY:	<i>Ugoh Donald</i>	<i>[Signature]</i>	<i>18-07-2022</i>
APPROVED BY:	<i>Augustina Ozer</i>	<i>[Signature]</i>	<i>18/07/2022</i>
	<i>Ugo Ozer</i>	<i>[Signature]</i>	<i>18/7/2022</i>