

Checked By

Signature

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ORIGINAL REPUBLIC OF ZAMBIA PAYMENT VOUCHER



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Signature

Committment Ref No. 6 Department:...ZAF Station: Miner Soko Cneque No. MINISTRY DEFENCE Date: 11/12/2019 **CHARTS OF ACCOUNTS AMOUNT ORGANISATION GEOGRAPHICAL** CLASS & WARRANT HOLDER ACCOUNTING OFFICER DEPT PROGRAMME ACTIVITY ACCOUNT CODE SUBSIDIERY Κ **HEAD** UNIT **FUNCTION** 45 44 90 6 8 500 Debit Credit Wilson Zulu Pavee: Remittance to be sent to: Name:....FFE Authorities:..... Eric Address: **Amount Description Of Payment** Ν Test desc DEFEN 500 I certify that the above account is correct and was incurred under the authority quoted and the rate/ price charged is/ are according to regulations/ contract fair and reasonable and that payment would not cause an excess over the amount allocated to meSignature **RECEIVED** payment of the above sum 2019/11/21 15:33:02Title **RECEIPT** and date11/12/2019 Date **STAMP** Signature For completion Where applicable Compiled by The service Store were not obtained from, through, the Controller of Government stores Signature

For the following reasons