



ACCOUNT TYPE:.....

**ORIGINAL**  
**REPUBLIC OF ZAMBIA**  
**PAYMENT VOUCHER**

ACCOUNTS FORM 5

Department:..... Station:.....

Ministry: .....

Commitment  
Ref No. 2133

Cheque No.

Date:

	CLASS & FUNCTION	ORGANISATION			GEOGRAPHICAL			CHART OF ACCOUNTS		AMOUNT	
		HEAD	DEPT	UNIT	WARRANT HOLDER ACCOUNTING OFFICER	PROGRAMME	ACTIVITY	ACCOUNT CODE	SUBSIDIARY	K	N
DEBIT											
CREDIT											

Payee:.....

**Remittance to be sent to:**

Name:.....

Address:.....

.....

Authorities:.....

.....

.....

Description Of Payment	K	N

I certify that the above account is correct and was incurred under the authority quoted and the rate/ price charged is/ are according to the regulations/ contract fair and reasonable and that payment would not cause an excess over the amount allocated to me

**RECEIVED** Payment of the above

**RECEIPT  
STAMP**

7/17/2018 8:10:06 AM  
.....  
and date

b01b590e-0c24-4289-a3c7-.....Signature  
.....Title  
.....Date

Compiled by

.....  
signature

For completion Where applicable

The service Store were not obtained from,  
through, the Controller of Government stores  
For the following reasons

Created by

(fcc8dbb9-1c8c-40ca-8745-1

.....  
signature.....  
Signature