



ACCOUNT TYPE



ACCOUNTS FORM 5

ORIGINAL REPUBLIC OF ZAMBIA PAYMENT VOUCHER

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

MINISTRY

Commitment
Ref No.

Cheque No.

Date:

	CLASS & FUNCTION	ORGANISATION			GEOGRAPHICAL				CHARTS 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:.....

Authorities:.....

Address:.....

Description Of Payment

Amount

K	N

TOTAL K

Copy: 1 Cashier
2. Payee

Amount in words:

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 me

RECEIVED payment of the above sum

.....Signature

.....Title

.....Date

.....
Signature**RECEIPT
STAMP**.....
and date

Compiled by

For completion Where applicable

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

Checked By

.....
Signature.....
Signature