

**ACCOUNTS FORM 5**

Commitment Ref No. 2139
Cheque NO. Date: 09/20/2019

[illegible]

Name: KMMM  
Address: Administrator

Authorities:.....NHJH

Description Of Payment		Amount	
		K	N
CASH			
TOTAL K		1000	

Copy: 1 Cashier  
2. Payee

Amount in words:

I certify that:

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

9/24/2019 3:45:15 PM

and date

.....Signature

.....Title

09/20/2019 Date

Compiled by

For completion Where applicable

.....  
Signature

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

Checked By

.....  
Signature

.....  
Signature

