



ACCOUNT TYPE:.....

**ORIGINAL
REPUBLIC OF ZAMBIA
PAYMENT VOUCHER**

ACCOUNTS FORM 5

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

Ministry:

Commitment
Ref No.

Cheque No.

Date:

Payee:.....

Remittance to be sent to:

Name:.....

Address:.....

Authorities:.....

.....

.....

K

N

Description Of Payment

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**

.....Signature

.....
and date

.....Title

.....Date

Compiled by

For completion Where applicable

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

Created by

.....

Signature