



ACCOUNT TYPE: Ordinary.....

ORIGINAL
REPUBLIC OF ZAMBIA
PAYMENT VOUCHER

ACCOUNTS FORM 5

Department: Dept Test Station: Station Test

Ministry: Ministry

Commitment
Ref No. 8

Cheque No.

Date: 04/04/2018

	CLASS & FUNCTION	ORGANISATION			GEOGRAPHICAL			CHART OF ACCOUNTS		AMOUNT	
		HEAD	DEPT	UNIT	WARRANT HOLDER ACCOUNTING OFFICER	PROGRAMME	ACTIVITY	ACCOUNT CODE	SUBSIDIARY	K	N
DEBIT	321	3434	356	034	03	340			04	3400	
CREDIT											

Payee: ERIC

Remittance to be sent to:

Name: John
Address: Lusaka 49988

Authorities: Accounts

Description Of Payment		K	N
Test desc			
		3400	

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**6/26/2018 11:07:47 PM
and date31fdefa5-e8c2-47d6-a735-c
Signature
Title
04/04/2018
DateCompiled by
John
signature

For completion Where applicable

The service Store were not obtained from,
through, the Controller of Government stores
For the following reasonsCreated by
John(e08d5f34-9efc-47cb-8f
signature

Signature