



ACCOUNT TYPE: test.....

ORIGINAL
REPUBLIC OF ZAMBIA
PAYMENT VOUCHER

ACCOUNTS FORM 5

Department: test Station: test

Ministry: test

Commitment
Ref No. 5120

Cheque No.

Date: 07/05/2018

	CLASS & FUNCTION	ORGANISATION			GEOGRAPHICAL			CHART OF ACCOUNTS		AMOUNT	
		HEAD	DEPT	UNIT	WARRANT HOLDER ACCOUNTING OFFICER	PROGRAMME	ACTIVITY	ACCOUNT CODE	SUBSIDIARY	K	N
DEBIT	23	2	43	4	45	34			34	2000	
CREDIT											

Payee: Eric Kausu.....

Remittance to be sent to:

Name: ER.....
 Address: sdwd.....

Authorities: ere.....

Description Of Payment										K	N
dwdw											
										2000	

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 3:53:58 PM

 and date

53616040-44d6-4c89-97a3.....Signature
Title
 07/05/2018.....Date

Compiled by
 ER.....
 signature

For completion Where applicable

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

Created by
 ER(bcf39035-df9b-421b-bc.....
 signature



51200370.....
 Signature