



ORIGINAL
REPUBLIC OF ZAMBIA
PAYMENT VOUCHER

ACCOUNTS FORM 5

Commitment
Ref No. 5

Cheque No.

Date: 10/22/2019

[illegible]

Remittance to be sent to:

Authorities:.....my

Address: Philemon Jere

Description Of Payment	Amount	
	K	N
TOTAL K	1900	

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

2019/10/30 17:23:40

and date

.....Signature

.....Title

10/22/2019 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

