



ORIGINAL
REPUBLIC OF ZAMBIA
PAYMENT VOUCHER

ACCOUNTS FORM 5

MINISTRY DEFENCE

Unique No.

Date: 11/28/2019

[illegible]

Remittance to be sent to:

Col ZD Zulu
Authorities:.....

Address: Eric

Description Of Payment	
Test dwfw ffefe fe	

Amount	
K	N
2000	

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

2020/01/20 12:15:23

and date

.....Signature

.....Title

11/28/2019 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

