

<b>Certification of Payment</b>					
<b>Part 1 PERSONNEL INFORMATION</b>					
Name:			Resource Number:		
William Finlay Lamb			0230773		
<b>Contract Information</b>					
Contract Start/End dates:	Contract Basis:		Contract No:		
15-08-2025 to 01-01-2026	Lumpsum		0230773-1138-L1-00		
Duty Station:	Fee:				
Berlin, Germany	USD 5.000,00 per LUMPSUM				
Maximum duration: Not more than 0,00					
Accounts to which payment should be charged:					
Workpackage	Donor	Natcost	Activity	Reference	Percentage
23404-001-69	1192	23404-001-69-002	23404-001-69-01		100,00
<b>Part 2 TO BE COMPLETED BY INDIVIDUAL CONTRACTOR</b>					
Duty Station	Dates Worked (From / To)		Total work units (i.e.: hours, days, etc.) performed		
Berlin	01.04.2025 - 30.10.2025		4 weeks		
Total Payment - Currency & Amount (FOR LUMPSUM CONTRACT ONLY)					
USD 5.000,00 per LUMPSUM					
Bank Name (FOR PARTNER PERSONNEL ONLY)			Bank Account Number (FOR PARTNER PERSONNEL ONLY)		
ING-DiBa			DE27 5001 0517 5417 2997 47		
<b>Part 3 TO BE COMPLETED BY PARTNER SUPERVISOR (FOR PARTNER PERSONNEL ONLY)</b>					
I certify that the work was satisfactorily performed during the above mentioned dates as per the terms of the contract, that the leave records of the contract holder have been updated until the date of this certification and that due procedures and controls are in place at the operating unit, with respect to leave and attendance management, so that no overpayments will occur by the end of the contract.					
Requesting Officer (Supervisor, please print name and title)	Signature			Date (DD/MM/YYYY)	