|  |
| --- |
| **TITTLE:TRAVEL SUMMARY**  **NAKURU REGION INTER-DIOCESAN CCS**  Description: Christian Comnmunity Service Logo  **Anglican Church of Kenya - Nakuru/Nyahururu Dioceses**  **Tel: Office: 051-2212151 P.O Box 56**  **051-2212155 NAKURU**  **Hse: 051-2212499 Kenya**  **Fax: 051-2212437 E-mail: info@adscentralrift.org** |
| REQUISITIONER: …MICHAEL MAMBO PROJECT: USAID4BETTER HEALTH……………………………  SIGNATURE: ………………………………… DATE:………………03/03/2023……………... |
| |  |  |  | | --- | --- | --- | | Voucher type |  | Payment by cheque no.  Cash withdrawal – cheque no.  Payment –Cash  Mpesa  EFT | |  | |  | |  | |  | |
| Description of requisition: Being payment for transportation for review meetings in the month of March 2023……… |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | FREQUENCY | DESCRIPTION OF ACTIVITY | |  | Unit  Cost | Total  Cost | | Budget Activity Code | | 1 | Data review meeting | |  | 600 | 600 | | 3.1.13.2 | | 1 | Quarterly review meeting | |  | 600 | 600 | | 3.1.13.2 | | 1 | Quarterly review meeting | |  | 600 | 600 | | 3.1.13.2 | |  | |  | | TOTAL:1800 | |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Name: | Sign: | D | D | M | M | Y | Y | | Checked by |  |  |  |  |  |  |  |  | | Certified by |  |  |  |  |  |  |  |  | | Approved by |  |  |  |  |  |  |  |  | |