

CLAIM

Date: 12/19/22

REF NO. CLM00008

Name & Address of Payee:

Payment Description: Refund of the over Expenditure Incurred

Account Description	Account	PAYE	Amount	Net Amount
Refund of the over Expenditure Incurred	1110104		23157	23157
Amount in words:**** TWENTY THREE THOUSAND ONE HUNDRED FIFTY SEVEN KENYA SHILLINGS ONLY****				

Claimer Signature:

Date:

Signature.....

Prepared by: Date: Signature:.....	Examined by: Date : Name: Signature:.....
	AUTHORIZATION I certify that the expenditure detailed above has been incurred for the authorized purpose and should be charged to the item shown here below. Authorised by: Name: Date: Deputy Director, Finance & Accounting Signature:.....
	Authorised by: Name: Date: Director, Corporate Services Signature:.....
	APPROVAL I certify that the rate/price charged is/are according to regulation/contract, fair and reasonable, that the expenditure has been incurred on proper authority and should be charged as under. Where appropriate a certificate overleaf has been completed I hereby APPROVE payment of the amount shown above without any alteration. Approved by: Name: Date: Accounting Officer/Managing Trustee Signature:.....