

**To:** Registrar/Chief Executive Officer

**No:** MEMO-24/25-0034

**From:**

**Date:** Sunday, March 30, 2025

**Through:**

**Title:**

test

**Description:**

DSA									
Officer No.	Officer's Name	Description	Department Code	Units Code	Gl Account	Region	Rate	Days	Amount
NCIA00030	Joy Wanjugu Maina	DSA	CSS	HRA	3-700100	ALL OTHER TOWNS	16,800.00	5.0	84,000.00
NCIA00040	Dominic Mnjaru Khamala	DSA	CSS	HRA	3-700100	ALL OTHER TOWNS	14,000.00	5.0	70,000.00
OTHER COSTS									
Officer No.	Officer's Name	Description	Department Code	Units Code	Gl Account	Region	Rate	Days	Amount
NCIA00030	Joy Wanjugu Maina	OTHER COSTS Transport	CSS	HRA	3-700800		0.00	0.0	5,000.00
<b>Totals</b>									<b>159,000.00</b>
PRN DETAILS									
No.	Description	Department Code	Units Code	UoM	Qty	Unit Cost	Amount		
<b>Total:</b>									
<b>Grand-Total</b>							<b>159,000.00</b>		

**Approver**  
GRACE

**Designation**

**Date & Time**  
3/30/2025 6:35:58 PM

**Signature**