NIGERIA ARABIC LANGUAGE VILLAGE, NGALA

**(Inter-University Centre for Arabic Studies)**

**PAYMENT VOUCHER (OVER HEAD)**

NALV/NG/0H/23/OH/301

**VOURCHER NO**

**FINANCIAL YEARL 2024**

**PAYEE:** Cosharis Medical ID NUMER SP2010

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **PARTICULARS** | AMOUNT | |  | | | |
| 23/11/23  **0002** | Being advance payment for Water bill | **N** | **K** | **HEAD** | **SUB HEAD** | | **ITEM** |
| **156,000.00** | 00 | 22021 | 002 | |  |
|  |  | |  |
|  |  | |  |
| Entry in Vote Book  By: Naja’atu D. Yahuza | | | |
|  | | | |
|  | | | |
| **BOOKS OF ACCOUNTS** | | | |
| POSTING | | | |
| A/C CODE | | DR | OR |
| OH | |  |  |
| Total Amount in word: three hundred and twenty-five thousand six hundred and twenty.  Prepared by:  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **325,620.00** | 00 | Ledger Entry Made By | | | |
| Naja’atu Dauda Yahuza | | | |
| Cash Book Entry Made  By: - Muhd Alh. Muhd | | | |
| Checked by | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **AISHA MUHAMMED UMAR** | | **ZARA IBRAHIM NGULDE** | | | | | |
| **NAME IN BLOCK LETTERS**  **Certified by:**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NAME IN BLOCK LETTERS** | | **NAME IN BLOCK LETTERS**  **Approved by : Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(OFFICER CONTROLLING VOTE)** | | | | | |
| **NAME IN BLOCK LETTERS** | | | | | |
| Acknowledgement of Receipt  Received the sum of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAIRA** | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Kobo in cash/by cheque No \_\_\_\_\_\_\_\_\_\_\_\_\_ in payment of the above account  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Signature of Payee | | | | | | | |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upload Files**