Transaction or Request Lodgement Receipt

Transaction or Request Description:	ANZ to Other Bank Transfer
Transaction or Request Status:	Posted
Date / Time:	16/11/2022 16:38
Transaction Number:	AFP27426

Transaction Details:

ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 5,000.00
Transfer From Amount: SBD 5,000.00
Indicative :
My Reference: Passage Leave 22

Payment Details

Account Name: Frank Baraka Arebaio
Account Number: 2001265921
Bank Name: Bank of South Pacific
Reference To Payee : Annual Leave Pas

Pay Date : 16/11/2022

Comments:

* * * * * * * * * * Authorisation Details * * * * * * * * * *
16/11/2022 16:38 Pauline Tovua
Authorisation Required for : ANZ to Other Bank Transfer (2A)
17/11/2022 14:19 Christian Nieng
Authorised -ANZ to Other Bank Transfer
Comments : verified
17/11/2022 18:00 Debbie Ofaeri Sifoni
Authorised -ANZ to Other Bank Transfer
17/11/2022 18:00 Debbie Ofaeri Sifoni
Transaction Processed
* *

Your Reference

*** Important Information displayed on ANZ Internet Banking screen is not shown on this printout**

Held for Authorisation
Transaction Number AFP27426

Transaction Details

ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 5,000.00
Transfer From Amount: SBD 5,000.00
Indicative :
My Reference: Passage Leave 22

Payment Details

You can view the status and details of your transactions and requests for the last 12 months via ANZ Internet Banking.

NATIONAL HOSTING AUTHORITY
EXECUTIVE DIRECTOR
SOL 2023 PACIFIC GAMES

17/11/22

PAYMENT VOUCHER

Payment: Voucher No:	
NAME: Frank Baraka AREBAIO	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed _____ Date 16/11/22
IF DIRECT CREDITS ISSUED: BANK REF #:_____ Signed_____	APPROVED BY FINANCIAL CONTROLLER Signed _____ Date 16/11/22

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Annual Passage Leave - PMU Staff	$5,000.00

Cheque No: IB TRANS for $5,000.00 Date 16/11/2022

Signature of claimant_____

PRINT NAME: _____

Payment Voucher Prepared by_____ Date 16/11/22

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: PMU 307/22

DEPARTMENT: PMU

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1	L.S	Please raise annual leave applicatin Payment - Frank Arebaio	Frank Arebaio		$5000.00
				TOTALS	$5000.00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $5000.00 Date: 14/11/22

Requisition Officer (Name): Peter Hinane Sign:

Account Code: 6-2205

Account Name: Staff welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Eldon Tepa Sign: 14/11/22

Post: Executive Director

Department: PMU / GFC

Authority is granted for expenditure not exceeding:

SBD$ 5,000.00

Signed:

Name:

Note: Authority for expenditure must be given by accounting officer or his/her deligated

Threshold Checklist

Payment requires one quote (10,000 below)	
Payment requires three quotes ($10,000.00 above)	
Is it a ITB Contract Payment	
Is it a GTB Contract Payment	
Payment is a Bid Waiver	

RECIEVED DATE 15/11/22 SIGN

Compliance Check by: Signature

Name: Leonay. B Date: 15/11/22

Position: PCM

Copy 1 White NHA Finance
Copy 2 Pink/Blue Compliance Department
Copy 3 Yellow Requesting Department

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: ~~PMU~~ 307/22

DEPARTMENT: PMU

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1	L.S	Please raise annual leave application Payment - Frank Arebaio	Frank Arebaio		$5000.00
				TOTALS	$5000.00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $5000.00 Date: 14/11/22

Requisition Officer (Name): Peter Himane Sign:

Account Code: 6-2205

Account Name: Staff welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Eldon Tepa Sign: 14/11/22

Post: Executive Director

Department: PMU/GFC

Authority is granted for expenditure not exceeding:

SBD$ 5,000 - 00

Signed:

Name:

Note: Authority for expenditure must be given by accounting officer or his/her deligated

Threshold Checklist

Payment requires one quote (10,000 below)	
Payment requires three quotes ($10,000.00 above)	
Is it a ITB Contract Payment	
Is it a GTB Contract Payment	
Payment is a Bid Waiver	

15/11/22

Compliance Check by: _____ Signature

Name: Beryl B Date: 15/11/22

Position: PCM

Copy 1 White NHA Finance
Copy 2 Pink/Blue Compliance Department
Copy 3 Yellow Requesting Department

Leave Application Form

Staff Name: Frank Arebaro

Leave Types	Tick (V)	Inclusive From;	Inclusive To;	No. of working days
Annual Leave	✓	21/11/22	25/11/22	5
Sick Leave				
Compensatory Time Off				
Maternity /Paternity Leave				
Compassionate leave (Immediate family)				
Other Leave (Specify) _____				
Unpaid Leave				

My accrued leave balance as of end _____ is _____ days.

Signature: _____

Date: 14/11/22

Organization Unit: _____

Approval by Supervisor/Manager/Executive Director

Name: Eldon Tepa **Signature:** _____

Date: 14/11/22

Transaction or Request Lodgement Receipt

Transaction or Request Description:	ANZ to Other Bank Transfer
Transaction or Request Status:	Posted
Date / Time:	19/12/2022 14:55
Transaction Number:	AFS75855

Transaction Details:

ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 1,495.00
Transfer From Amount: SBD 1,495.00
Indicative :
My Reference: Medical Reimburs

Payment Details

Account Name: Frank Baraka Arebaio
Account Number: 2001265921
Bank Name: Bank of South Pacific
Reference To Payee : Medical Reimburs

Pay Date : 19/12/2022

PAID
DATE 19/12/22 CHQ. No.

Comments:

* * * * * * * * * * Authorisation Details * * * * * * * * * *
19/12/2022 14:55 Pauline Tovua
Authorisation Required for : ANZ to Other Bank Transfer (2A)
19/12/2022 16:34 Christian Nieng
Authorised -ANZ to Other Bank Transfer
Comments : verified
19/12/2022 16:55 Debbie Ofaeri Sifoni
Authorised -ANZ to Other Bank Transfer
19/12/2022 16:55 Debbie Ofaeri Sifoni
Transaction Processed
* *

Your Reference

*** Important Information displayed on ANZ Internet Banking screen is not shown on this printout**

Held for Authorisation
Transaction Number AFS75855

Transaction Details

ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 1,495.00
Transfer From Amount: SBD 1,495.00
Indicative :
My Reference: Medical Reimburs

Payment Details

You can view the status and details of your transactions and requests for the last 12 months via ANZ Internet Banking.

NATIONAL HOSTING AUTHORITY
EXECUTIVE DIRECTOR
19/12/22
2023 PACIFIC GAMES

PAYMENT VOUCHER

Payment: Voucher No:	
NAME: Frank Baraka AREBAIO	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed_____ Date 19/12/22
IF DIRECT CREDITS ISSUED: BANK REF #:_____ Signed_____	APPROVED BY FINANCIAL CONTROLLER Signed_____ Date 19/12/22

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Medical Reimbursement.	$1,495.00

Cheque No: IB TRANS for $1,495.00 Date 19/12/2022

Signature of claimant_____

PRINT NAME: _____

Payment Voucher Prepared by _____ Date 19/12/22

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: 341/22

DEPARTMENT: PMU

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1	L.S	Please raise payment for Medical reimbursement to Frank. A	Frank. A	Receipt No*: 0208187 0208198 347953	$148-00 $710-00 $637-00 $1,495-00
				TOTALS	$1,495-00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $1.495-00 Date: 14/12/22

Requisition Officer (Name): PETER HIMANE Sign:

Account Code: 6-2205

Account Name: Staff welfare.

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Eldon Tepen Sign:

Post: Executive Director

Department: PMU GFC

Authority is granted for expenditure not exceeding:

SBD$ 1,495-00

Signed:

Name:

Note: Authority for expenditure must be given by accounting officer or his/her deligated

Threshold Checklist

Payment requires one quote (10,000 below)	
Payment requires three quotes ($10,000.00 above)	
Is it a ITB Contract Payment	
Is it a GTB Contract Payment	
Payment is a Bid Waiver	

RECIEVED DATE 15/12/22 SIGN

Compliance Check by: Signature

Name: Darley. V. Thro Date: 15/12/2022

Position: PCC NHA.

good to pay.

Copy 1 White NHA Finance
Copy 2 Pink/Blue Compliance Department
Copy 3 Yellow Requesting Department

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: 344/22

DEPARTMENT: PMU

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY: SUPPLIER	ORDER NO.	COST
1	L.S	Please raise payment for Medical reimbursement to Frank. A	Frank. A	Receipt No#: 0208187 0208198 347953	$148-00 $710-00 $637-00 $1,495-00
				TOTALS	$1,495-00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $1.495-00 Date: 14/12/22

Requisition Officer (Name): PETER HIMANE Sign:

Account Code: 6-2205

Account Name: Staff welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Eldon Tepea Sign:

Post: Executive Director

Department: PMU GFC

Authority is granted for expenditure not exceeding:

SBD$ 1,495-00

Signed:

Name:

Note: Authority for expenditure must be given by accounting officer or his/her deligated

Threshold Checklist

Payment requires one quote (10,000 below)	
Payment requires three quotes ($10,000.00 above)	
Is it a ITB Contract Payment	
Is it a GTB Contract Payment	
Payment is a Bid Waiver	

Compliance Check by: Signature

Name: Date: 15/12/22

Position: PCC

Copy 1 White NHA Finance

Copy 2 Pink/Blue Compliance Department

Copy 3 Yellow Requesting Department

good to pay.

Medical Expenses Reimbursement Form

Name Frank Avebairo

Reimbursement Paid to _____

Reimbursement Type (please tick one) ☑ Pharmacy

☑ Medical (including expenses and/or services)

Date	Description (including dosage for pharmacy items)	Receipt No	Purpose for Medication	Total Cost (including discounts)
12/12/22	Bandage / Hydro liquid	347953	Injury	$ 148 –
07/12/22	Blood group test / Dengue	0208187	Blood test/Dengue	$ 710 –
07/12/22	Card ea2 test / Urea	0208198	Coagulation	$ 637 –
			TOTAL	$ 1495 –

I declare that I have paid for this service/item(s) and that the details of this form are true and correct and are relating to my compensable disability.

Signed _____ **Date** 13-12-22

Approval by Supervisor/Manager/Executive Director

Name: Eldon Tapea **Signature:** _____

Date: 14/12/22

Transaction or Request Lodgement Receipt

Transaction or Request Description:	Payroll Request
Transaction or Request Status:	Pending
Date / Time:	06/06/2023 10:38
Transaction Number:	AGM46533

Transaction Details:

Payroll Payment

From Account: 5691140
Available Balance: SBD ~~3,857,734.48~~
Selected Employee Count: 3
Total Payroll Amount: SBD 9,648.00

Comments:

* * * * * * * * * * Authorisation Details * * * * * * * * * *
06/06/2023 10:38 Mema Hite
Authorisation Required for : Payroll Payment Request (2A)
08/06/2023 11:53 Christian Nieng
Authorised -Payroll Payment Request
Comments : verified
08/06/2023 13:24 Debbie Ofaeri Sifoni
Authorised -Payroll Payment Request
08/06/2023 13:24 Debbie Ofaeri Sifoni
Transaction Submitted
* *

PAID
DATE 6/06/23 CHQ. No.

PAYMENT VOUCHER

Payment: Voucher No:	
NAME: ANZ Bank	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed_____ Date 5/6/23
IF DIRECT CREDITS ISSUED: BANK REF #:_____ Signed_____	APPROVED BY FINANCIAL CONTROLLER Signed_____ Date 30/5/23

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Medical reimbursement for PMU Staff	$4,500.00
6-2205	Staff Welfare		$2,017.00
6-2205	Staff Welfare		$3,131.00

Cheque No: IB TRANS for $9,648.00 Date 30/05/2023

Signature of claimant_____

PRINT NAME: _____

Payment Voucher Prepared by_____ Date 30/05/23

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: PMU - 691/23

DEPARTMENT: PMU

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1	L.S	Request approval of payment for Medical Expenses Reimbursement to Frank Arebaio	Frank Arebaio	-	$4,500-00
				TOTALS	$4,500-00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $4,500-00 Date: 24/05/23

Requisition Officer (Name): PETER HIMANE Sign:

Account Code: 6-7205

Account Name: Staff welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): ELDON TEAA Sign: 24/5/23

Post: EXECUTIVE DIRECTOR, PMU

Department: GFC - PMU

Authority is granted for expenditure not exceeding:

SBD$ 4,500-00

Signed:

Name:

Note: Authority for expenditure must be given by accounting officer or his/her deligated

Threshold Checklist

Payment requires one quote (10,000 below)	
Payment requires three quotes ($10,000.00 above)	
Is it a ITB Contract Payment	
Is it a GTB Contract Payment	
Payment is a Bid Waiver	

Compliance Check by: Signature

Name: Darley V Thao Date: 24/05/23

Position: PCO NHA

Copy 1 White NHA Finance
Copy 2 Pink Compliance Department
Copy 3 Yellow Requesting Department

RECEIPT 0208187

Original

Date 01-12-22

Received From Frank Arebaio

The sum of Seven hundred and ten dollars only -

Being for Consultation $200-; Dengue $200-; Full blood Count $110-; Blood group $100-; Panadol $50-; Coartem $50-

$ 710-

ABM MEDICO LOGISTICS

Signature

RECEIPT 0208198

Original

Date 07-12-22

Received From Frank Arebaio

The sum of Six hundred and thirty seven

Being for Consultation $200-; Fefazn $38-; Cough Syrup $23-; Ureadot $92-; Card ex foot $284-;

$ 637-

ABM MEDICO LOGISTICS

Signature

RECEIPT 0208193

Original

Date 14-07-23

Received From Frank Arebaio

The sum of One thousand and fourteen dollars only-,

Being for Consultation $200-; Rend fun test $280-; Lipids $213-; Trapanin $142-; Full blood count $113-; Panadol $50; Respirin $16-;

$ 1,014-

ABM MEDICO LOGISTICS

Signature

RECEIPT 0208199

Original

Date 28-07-23

Received From Frank Arebaio

The sum of One thousand and two dollars only-

Being for Consultation $200-; Cardenz test $284-; Trapanin $142-; STI Vdrl $100-; Chotestral $92-; Uric acid $92-; Urea $92-;

$ 1,002-

ABM MEDICO LOGISTICS

Signature

RECEIPT 0912762

Original

Date 21/02/23

Received From FRANK AREBAIO

The sum of Two Hundred Thirty dollr

Being for ① Consultt-
② Malaria test
③ medicine-

$ 230

HONIARA PRIVATE CLINIC
Date: 21/02/23
Sign:
Signature
HONIARA, SOLOMON ISLANDS

RECEIPT 1136218

Original

Date 11-02-23

Received From Frank Arebaio

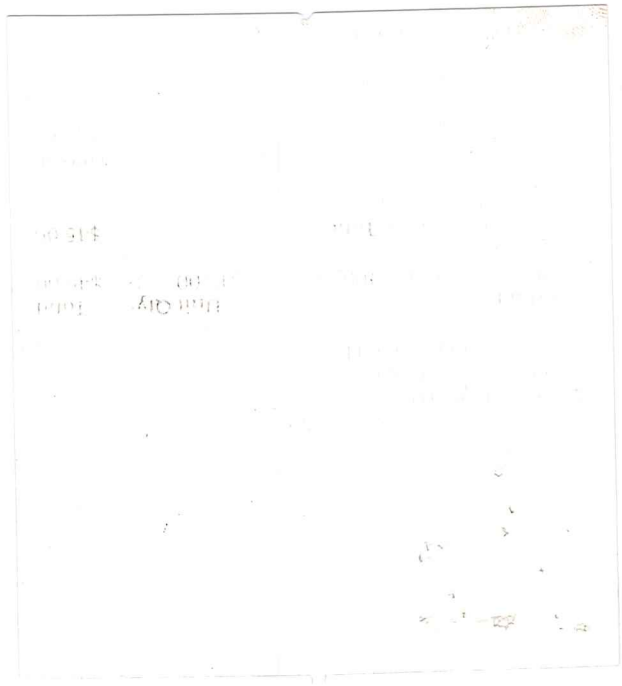
The sum of One thousand one hundred and eighty one dollars only-

Being for Consultation $200-; diabetic pack $565-; dengue $200-; Full blood count $113-; MPS $50-; Panadol $50-;

$ 1,181-

ABM MEDICO LOGISTICS

Signature



Original

RECEIPT 1136276

Date 13-03-23

Received From Frank Arebaio

The sum of Nine hundred and ninety eight dollars only -

Being for Consultation $200-; Panadol $50-; Full blood count $113-; Renal funct test $280-; Troponin $142-; Lipids $213-

$ 998-

ABM MEDICO LOGISTICS

Signature

HYPERCHEM PHARMACY (SOLOMON) LIMITED

Your Discount Pharmacy

Unit 3
Central Plaza
Mendana Avenue
Honiara

TIN: 1081510

Email : hyperchemhoniara@gmail.com

Phone: 677 23588
Fax : 677 23588

HP: 441

Date 29/03 2023

RECEIVED from Frank Arebaio

Cash/~~Cheque~~ _____ **the sum of** Fourty - Five

_____ **dollars ~~and~~** only **~~cents~~**

On Account Medication

$ 45

With Thanks
HYPERCHEM PHARMACY (SOLOMON) LIMITED

UNDER THE PHARMACY ACT
HONIARA
SOLOMON ISLANDS

Medical Expenses Reimbursement Form

Name: Frank Avebaio

Reimbursement Paid to: _____

Reimbursement Type (please tick one)

- [x] Pharmacy
- [x] Medical (including expenses and/or services)

Date	Description (including dosage for pharmacy items)	Receipt No	Purpose for Medication	Total Cost (including discounts)
09-04-23	Resprim Tabl	1089580	Flu	$ 25-
09-04-23	Paracetamol Tabl	1089578	Pain	$ 5-
29-03-23	Feverold Tabl.	1086704	Flu	$ 45-
21-02-22	Cap. Malaria	0912762	Malaria	$ 230-
13-03-23	Cardiac check	1136276	-	$ 998-
28-9-23	Flue	0208199	—	$ 1002-
14-02-23	Flue	1136218	—	$ 1,181-
14-07-23	Body ache	0208193	— TOTAL	$ 1,014-
				$ 4,500-00

I declare that I have paid for this service/item(s) and that the details of this form are true and correct and are relating to my compensable disability.

Signed: Frank Avebaio Date: 22-05-23

Approval by Supervisor/Manager/Executive Director

Name: Eldon Tagia Signature: _____

Date: 24/5/23

Transaction or Request Lodgement Receipt

Transaction or Request Description:	Payroll Request
Transaction or Request Status:	Held for Authorisation
Date / Time:	08/06/2023 16:48
Transaction Number:	AGM76803

Transaction Details:

Payroll Payment

From Account: 5691140
Available Balance: SBD 20,859,871.01
Selected Employee Count: 6
Total Payroll Amount: SBD 30,000.00

Comments:

********** Authorisation Details **********
08/06/2023 16:48 Mema Hite
Authorisation Required for : Payroll Payment Request (2A)
****

9/6/23

NATIONAL HOSTING AUTHORITY
EXECUTIVE DIRECTOR
SOL2023 PACIFIC GAMES

PAYMENT VOUCHER

Payment: Voucher No:	
NAME: ANZ Bank	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed ____ Date 8/6/23
IF DIRECT CREDITS ISSUED: BANK REF #: ____ Signed ____	APPROVED BY FINANCIAL CONTROLLER Signed ____ Date 7/6/23

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Annual Leave for PMU Staff.	$5,000.00
6-2205	Staff Welfare		$5,000.00
6-2205	Staff Welfare		$5,000.00
6-2205	Staff Welfare		$5,000.00
6-2205	Staff Welfare		$5,000.00
6-2205	Staff Welfare		$5,000.00

Cheque No: IB TRANS for $30,000.00 Date 7/06/2023

Signature of claimant ____

PRINT NAME: ____

Payment Voucher Prepared by ____ Date 7/06/23

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: PMU - 721/23

DEPARTMENT: PMU

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1	L.S	Request payment for annual - approval of Leave to Frank Arebaio, leave period from (26/06/23) to (30/06/23) - 5 days.	Frank Arebaio	-	$5,000-00
				TOTALS	$5,000-00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $5,000-00 Date: 6/6/23

Requisition Officer (Name): PETER HIMANE Sign:

Account Code: 6-2205

Account Name: Staff Welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): ELDON TEPA Sign: 6/6/23

Post: EXECUTIVE DIRECTOR, PMU

Department: GFC - PMU

Authority is granted for expenditure not exceeding:

SBD$ 5,000 -00

Signed:

Name:

Note: Authority for expenditure must be given by accounting officer or his/her deligated

Compliance Check by: Signature

Name: Daisy V. Thawe Date: 06/06/23

Position: PCE NHA

Threshold Checklist

Payment requires one quote (10,000 below)	
Payment requires three quotes ($10,000.00 above)	
Is it a ITB Contract Payment	
Is it a GTB Contract Payment	
Payment is a Bid Waiver	

RECIEVED DATE 6/06/23 SIGN

Copy 1 White NHA Finance
Copy 2 Pink Compliance Department
Copy 3 Yellow Requesting Department

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: PMU - 721/23

DEPARTMENT: PMU

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1	L.S	Request payment for annual leave approval of Leave to Frank Arebaio, leave period from (26/06/23) to (30/06/23) - 5 days.	Frank Arebaio	-	$5,000-00
				TOTALS	$5,000-00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $5,000-00 Date: 6/6/23

Requisition Officer (Name): PETER HIMANE Sign:

Account Code: 6-2205

Account Name: Staff Welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): ELDON TEPA Sign: 6/6/23

Post: EXECUTIVE DIRECTOR, PMIO

Department: GFC - PMIO

Authority is granted for expenditure not exceeding:

SBD$ $1,000 -00

Signed:

Name:

Note: Authority for expenditure must be given by accounting officer or his/her deligated

Threshold Checklist

Payment requires one quote (10,000 below)	
Payment requires three quotes ($10,000.00 above)	
Is it a ITB Contract Payment	
Is it a GTB Contract Payment	
Payment is a Bid Waiver	

Compliance Check by: Signature

Name: Darky V. Thavo Date: 06/06/23

Position: DCE NHA

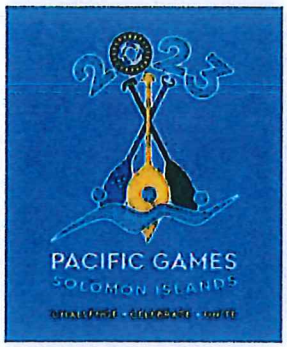
6/06/23

Copy 1 White NHA Finance

Copy 2 Pink Compliance Department

Copy 3 Yellow Requesting Department

6/6/23



Leave Application Form

Staff Name: Franne Arebais

Leave Types	Tick (√)	Inclusive		No. of working days
		From;	To;	
Annual Leave	✓	26-06-23	30-06-23	5
Sick Leave				
Compensatory Time Off				
Maternity /Paternity Leave				
Compassionate leave (Immediate family)				
Other Leave (Specify) _____				
Unpaid Leave				

My accrued leave balance as of end _____ is _____ days.

Signature: Franne Arebais

Date: 06-06-23

Organization Unit: Project Management Unit

Approval by Supervisor/Manager/Executive Director

Name: ELDON TEPA Signature:

Date: 06/6/23