Transaction or Request Lodgement Receipt

Transaction or Request Description:	ANZ to Other Bank Transfer
Transaction or Request Status:	Posted
Date / Time:	31/05/2023 10:50
Transaction Number:	AGL70255

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: Leave Passage

Payment Details

Account Name: Emery Maesi
Account Number: 4000616658
Bank Name: Bank of South Pacific
Reference To Payee : Passage Leave 23

Pay Date : 31/05/2023

PAID
DATE 31/05/23 CHQ. No.

Comments:

* * * * * * * * * * Authorisation Details * * * * * * * * * *
31/05/2023 10:50 Pauline Tovua
Authorisation Required for : ANZ to Other Bank Transfer (2A)
31/05/2023 16:46 Christian Nieng
Authorised -ANZ to Other Bank Transfer
Comments : verified
01/06/2023 10:00 Debbie Ofaeri Sifoni
Authorised -ANZ to Other Bank Transfer
01/06/2023 10:00 Debbie Ofaeri Sifoni
Transaction Processed
* *

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Your Reference

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

Held for Authorisation
Transaction Number AGL70255

NATIONAL HOSTING AUTHORITY
EXECUTIVE DIRECTOR
SOL2023 PACIFIC GAMES

31/05/23

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: Leave Passage

Payment Details

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

PAYMENT VOUCHER

Payment: Voucher No:	
NAME: Emery MAESI	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed _____ Date 31/05/23
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	Being for leave Passage SINIS Staff.	$5,000.00

Cheque No: IB TRANS for $5,000.00 Date 30/05/2023

Signature of claimant _____

PRINT NAME: _____

Payment Voucher Prepared by _____ Date 30/05/23

4000616658
Emery Maesi
BSP

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: SPP-HP22-677

DEPARTMENT: SINIS

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
		Leave passage for Emery Maesi - Physiotherapist 10 days 30/05/23 to 12/06/23	NHA	AL	$5,000.00
				TOTALS	$5,000.00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $5,000.00 Date: 26/05/23

Requisition Officer (Name): Damian Yee Sign:

Account Code: C-2205.

Account Name: Staff welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): A-Masop Sign:

Post: ED HP

Department: SINIS

Authority is granted for expenditure not exceeding:

SBD$ 5000.00

Signed: EXECUTIVE DIRECTOR

*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: Vithas Date: 30/05/23

Position: PO NHA

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

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: SPP-HP22-677

DEPARTMENT: SINIS

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY: SUPPLIER	ORDER NO.	COST
		Leave passage for Emery Maesi - Physiotherapist 10 days 30/05/23 to 12/06/23		AL	$5,000.00
				TOTALS	$5,000.00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $5,000.00 Date: 26/05/23

Requisition Officer (Name): Damian Tee Sign:

Account Code: C-2205.

Account Name: Staff welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): A. Misoi Sign:

Post: ED HP

Department: SINIS

Authority is granted for expenditure not exceeding:

SBD$ 5,000.00 30/05/23

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: Peter V. Thomas Date: 30/05/23

Position: PCO NHA

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

Minute

Ref: SPP-HP22-677

To: EXECUTIVE DIRECTOR, NHA

Thru: Executive Director HP

HR Coordinator

Date: 26/05/23

RE: PAYMENT FOR LEAVE PASSAGE- EMERY MAESI (PHYSIOTHERAPIST)

Overview,
Emery Maesi will be going on a 10 days' annual leave on the 30/05/23 to 13/06/23. His Leave Request has been approved and request that his Leave Passage Payment also be facilitated.

Therefore, I am requesting your approval of the budget and endorsement of this request.

Way forward;

- Collate the required documents for review and approval.
- Raise Payment

Amount: **$5000 SBD**
Payable to : **Emery Maesi**

Claudina Ora
Procurement

Endorsed by;

Mr Aaron Alsop Executive Director
High Performance Program

APPROVAL:

Name:			
Signature:	Date 30/5/23	✓	

NATIONAL HOSTING AUTHORITY EXECUTIVE DIRECTOR SOL2023 PACIFIC GAMES

Cc. FC Cc: Contract Manager

Leave Application Form

Staff Name: EMERY MAESI

Leave Types	Tick (√)	Inclusive From;	Inclusive To;	No. of working days
Annual Leave	✓	30/5/23	12/6/23	10 days
Sick Leave				
Compensatory Time Off				
Maternity /Paternity Leave				
Compassionate leave (Immediate family)				
Other Leave (Specify) _____				
Unpaid Leave				

My accrued leave balance as of end 26/05/23 is 10 days.

Signature: _____

Date: 26/5/23

Organization Unit: SINIS

Approval by Supervisor/Manager/Executive Director

Name: Moses. J. Aonaima **Signature:** _____

Date: 26/05/23