

**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

**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

### 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.





# NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: SPP-HP22-677

DEPARTMENT: SINIS

## PURCHASE REQUISITION

| QUANTITY | UNIT | DESCRIPTION<br>(Full and clear details of payment)                                    | PURCHASING OFFICER USE ONLY |           |            |
|----------|------|---------------------------------------------------------------------------------------|-----------------------------|-----------|------------|
|          |      |                                                                                       | SUPPLIER                    | ORDER NO. | COST       |
|          |      | Leave passage for Emery<br>Maesi - Physiotherapist<br>10 days<br>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): Damion Yee

Sign: [Signature]

Account Code: C-2205

Account Name: Staff welfare

Funds available on this account: \_\_\_\_\_

### Supervisors Certification (Accountable Officers):

Certifying Officer (Name): A. Msoy

Sign: [Signature]

Post: EO HP

Department: SINIS

### Authority is granted for expenditure not exceeding:

SBD\$ 5,000.00

Signed: [Signature]

Name: [Signature]

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

Compliance Check by: [Signature] Signature

Name: [Signature]

Date: 30/05/23

Position: PO 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 ☐

Copy 1 White  
Copy 2 Pink  
Copy 3 Yellow

NHA Finance  
Compliance Department  
Requesting Department



# NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: SPP-HP22-677

DEPARTMENT: SINIS

## PURCHASE REQUISITION

| QUANTITY                                                                      | UNIT | DESCRIPTION                                                                        | PURCHASING OFFICER USE ONLY                                                              |           |            |
|-------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------|------------|
| (Full and clear details of payment)                                           |      |                                                                                    | SUPPLIER                                                                                 | ORDER NO. | COST       |
|                                                                               |      | Leave passage for Emery Maesi - Physiotherapist<br>10 days<br>30/05/23 to 12/06/23 | AL<br>31/05/23                                                                           |           | \$5,000.00 |
|                                                                               |      |                                                                                    | TOTALS \$5,000.00                                                                        |           |            |
| Approval is requested to incur expenditure on the above                       |      |                                                                                    | Account Code: <u>C-2205</u>                                                              |           |            |
| Estimated Cost (SBD): <u>\$5,000.00</u>                                       |      |                                                                                    | Account Name: <u>Staff welfare</u>                                                       |           |            |
| Requisition Officer (Name): <u>Damion Yee</u>                                 |      |                                                                                    | Funds available on this account: <u>31/05/23</u>                                         |           |            |
| Supervisors Certification (Accountable Officers):                             |      |                                                                                    | Authority is granted for expenditure not exceeding:                                      |           |            |
| Certifying Officer (Name): <u>A. M. Sol</u>                                   |      |                                                                                    | SBD\$ <u>5,000.00</u> <u>30/05/23</u>                                                    |           |            |
| Post: <u>ED HP</u>                                                            |      |                                                                                    | Signed: <u>[Signature]</u>                                                               |           |            |
| Department: <u>SINIS</u>                                                      |      |                                                                                    | Name: <u>[Signature]</u>                                                                 |           |            |
|                                                                               |      |                                                                                    | Note: Authority for expenditure must be given by accounting officer or his/her delegated |           |            |
| Threshold Checklist                                                           |      |                                                                                    | Compliance Check by: <u>[Signature]</u> Signature                                        |           |            |
| Payment requires one quote (10,000 below) <input checked="" type="checkbox"/> |      |                                                                                    | Name: <u>Daisy Vithan</u> Date: <u>30/05/23</u>                                          |           |            |
| Payment requires three quotes (\$10,000.00 above) <input type="checkbox"/>    |      |                                                                                    | Position: <u>PRO NHA</u>                                                                 |           |            |
| Is it a ITB Contract Payment <input type="checkbox"/>                         |      |                                                                                    |                                                                                          |           |            |
| Is it a GTB Contract Payment <input type="checkbox"/>                         |      |                                                                                    |                                                                                          |           |            |
| Payment is a Bid Waiver <input type="checkbox"/>                              |      |                                                                                    |                                                                                          |           |            |

Copy 1 White  
Copy 2 Pink  
Copy 3 Yellow

NHA Finance  
Compliance Department  
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:**

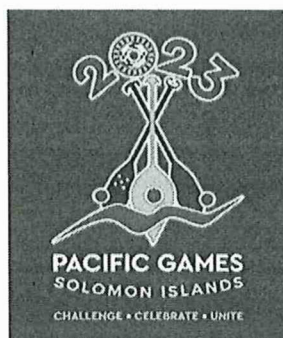
Name:

Signature:

Date

Cc. FC Cc: Contract Manager



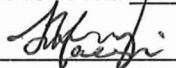


## Leave Application Form

Staff Name: EMERY MAEST

| Leave Types                            | Tick (v) | Inclusive |         | No. of working days |
|----------------------------------------|----------|-----------|---------|---------------------|
|                                        |          | From;     | To;     |                     |
| 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 24/05/23 is 10 days.

Signature: 

Date: 26/5/23

Organization Unit: SINIS

### Approval by Supervisor/Manager/Executive Director

Name: Moses J. Amama

Signature: 

Date: 26/05/23