Transaction or Request Lodgement Receipt

Transaction or Request Description:	Payroll Request
Transaction or Request Status:	Pending
Date / Time:	06/06/2023 12:24
Transaction Number:	AGM47835

Transaction Details:

Payroll Payment

From Account: 5691140
Available Balance: SBD [illegible]03
Selected Employee Count: 8
Total Payroll Amount: SBD 27,613.18

NATIONAL HOSTING AUTHORITY
EXECUTIVE DIRECTOR
SOL 2023 PACIFIC GAMES
6/6/23

Comments:

* * * * * * * * * * Authorisation Details * * * * * * * * * *
06/06/2023 12:24 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 13:23 Debbie Ofaeri Sifoni
Authorised -Payroll Payment Request
08/06/2023 13:23 Debbie Ofaeri Sifoni
Transaction Submitted
* *

PAID
DATE 6/6/23 CHQ. No.

Transaction or Request Lodgement Receipt

Transaction or Request Description:	Payroll Request
Transaction or Request Status:	Held for Authorisation
Date / Time:	06/06/2023 12:24
Transaction Number:	AGM47835

Transaction Details:

Payroll Payment

From Account: 5691140
Available Balance: SBD 3,206,126.03
Selected Employee Count: 8
Total Payroll Amount: SBD 27,613.18

8/6/23

NATIONAL HOSTING AUTHORITY
EXECUTIVE DIRECTOR
SOL2023 PACIFIC GAMES

Comments:

* * * * * * * * * * Authorisation Details * * * * * * * * * *
06/06/2023 12:24 Mema Hite
Authorisation Required for : Payroll Payment Request (2A)
* *

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 5/6/23

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Leave Passage for GOC Staff for 2023	$3,194.39
6-2205	Staff Welfare	– Cindy Mekele	$2,891.36
6-2205	Staff Welfare	– Daniel Dafolo	$3,194.39
6-2205	Staff Welfare	– Bridget Vairi	$3,874.94
6-2205	Staff Welfare	– Anothony Bogotu	$3,194.39
6-2205	Staff Welfare	– Alana Araitewa	$3,194.39
6-2205	Staff Welfare	– Silvana Kenikeremia	$4,291.60
6-2205	Staff Welfare	– Georgina Kikiolo	$3,777.72
		– Emily Eno	

Cheque No: IB TRANS for ~~$27,625.10~~ $27,613.18 NLH Date 31/05/2023

Signature of claimant _____

PRINT NAME: _____

Payment Voucher Prepared by _____ Date 31/5/23

NATIONAL HOSTING AUTHORITY

PURCHASE REQUISITION

REQUISITION NUMBER: GOE - 0585/23

Contract/Supplier Payment Number:

Contract/Supplier Name:

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
		Raise payment for 2023 Leave Entitlement as per Contract	Alana Araitewa	—	$3,197.39 Nett
				Total:	$3,197.31

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $3,197.39 Nett Date: 26/05/23

Requisition Officer (Name): Florence M Sign:

Account Code No: 6-2205

Account Name: Staff Welfare

Funds available on this account:

Supervisors Certification (Accountable Officer):

Certifying Officer (Name): Debbie-Renee Sign:

Position:

Department/Committee: NHA

Authority is granted for expenditure not exceeding:

SBD$ 3,197.31

Signed:

Name:

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

NATIONAL HOSTING AUTHORITY EXECUTIVE DIRECTOR 2023 PACIFIC GAMES

Threshold and contract/Supplier payments Checklist

Payment requires one quote ($10,000.00 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 2023 DATE 30/05/23 PACIFIC GAMES SOLOMON ISLANDS SIGN

Compliance Check by: Signature

Name: Leonel-B Date: 30/05/23

Position: PCM

White Copy -NHA FINANCE

Blue Copy - Compliance Unit/Department

Green Copy - Requisition Department

NATIONAL HOSTING AUTHORITY

PURCHASE REQUISITION

REQUISITION NUMBER: GOC - 0585/23

Contract/Supplier Payment Number:

Contract/Supplier Name:

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
		Raise payment for 2023 Leave Entitlement as per Contract	Alana Arailewa	—	$3,197.39 NH
				Total:	$3,197.31

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $3,197.39 NH

Requisition Officer (Name): Florence M

Date: 26/05/23

Sign:

Account Code No: 6-2205

Account Name: Staff Welfare

Funds available on this account:

Supervisors Certification (Accountable Officer):

Certifying Officer (Name): Debbie-Rene

Position: NHA

Sign:

Department/Committee:

Authority is granted for expenditure not exceeding:

SBD$ 3,197.39

Signed:

Name:

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

Threshold and contract/Supplier payments Checklist

Payment requires one quote ($10,000.00 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	

30/05/23

Compliance Check by:

Name: Leanne B

Position: TCM

Signature

Date: 30/05/23

White Copy -NHA FINANCE

Blue Copy - Compliance Unit/Department

Green Copy - Requisition Department

MINUTE **Ref:** GOC – /23

To: CHIEF EXECUTIVE OFFICER, GOC

From: FINANCE & PROCUREMENT, GOC **Date:** 25/05/23

RE: PURCHASE DOCUMENT TO PROCESS FOR LEAVE ENTITLEMENT ADVANCE REQUESTED BY ALANA ARAITEWA AS PER IN THE CONTRACT FOR YEAR 2023.

Minute approval is sought to raise payment as refered above.

The sum of **SBD 3,194.39** written in the attached leave entilement advance request form. This represent the needs as being agreed upon by GOC Human Resource Managements for Alana Araitewa to have her leave passage for this year 2023.

See attached for supporting document for your checking.

Therefore, kindly facilitate this purchase document for endorsement and approval of the work budget for payment processes.

Thank you.

Prepared by: Florence Masiha

Procurement Asset Tracker (GOC)

Endorsed by:

Mr. Rocklive Poloso **Finance Manager** Games Organizing Committee/NHA		
Signature:	Date: 25/05/23	

Approval by:

Mr. Peter Stewart **Chief Executive Officer** Games Organizing Committee/NHA		
Signature:	Date: 25/5/23	

PACIFIC GAMES SOLOMON ISLANDS 2023

Leave Entitlement Advance Request

Date Submitted	**23-May-23**		**E-mail**	Aaaratewa@sol.2023.com.sb
Employee Name	**Alana Araitewa**		**Phone**	
Position/Title	**Data Entry Officer**		**Department**	Work Force
			Destination	Honiara
Purpose of Travel	Not for travel but taken for leave entitlement whilst in Honiara		**Departure/Leave Date**	05-Jun-23
Leave Entitlement Requested		**$3,194.39**	**Return Date**	07-Jun-23
Endorsed By		McCleen Sarukiki		
Endorsers Signature			**Date Endorsed**	24/5/23
Approved By		Mr. Rocklive Poloso		
Approval Signature			**Date Approved**	25/5/23
Employee Signature			**Date Signed**	

Anticipated Expenses

Type of Expense	**Description of Expense**	**Expenses (Inclusive of all Expenses Except Airfare)**	**# of Days**	**Total Expenses**
Airfare/Seafare (Fixed Amount)	For travel	$3,194.39	3	$3,194.39
Ground Transportation	N/A			$0.00
Lodging	N/A			$0.00
Meals and Tips	N/A			$0.00
Miscellaneous	N/A			$0.00
				$0.00
		Grand Total		$3,194.39

IMPORTANT NOTICE

By signing and submitting this form you agree that the requested funds will be used for the purposes stated in this form.

Leave Application Form

Staff Name Alana Araitewa

Leave Type	Tick (√)	From	To	No or Working Days
Annual Leave	√	5th June	7th June	3
Sick Leave				
Compensatory Time Off				
Maternity/Paternity Leave				
Compassionate Leave (immediate family)				
Other Leave (specify)				
Unpaid Leave				

My accrued leave balance as at end ..... is ..... days

Signature: Araitewa

Organization/Unit: COC Data Entry Officer

Date: 18/05/23

Approval by Supervisor/Manager/Executive Director

Name: Louisiana Kelly **Signature:**

Date: 19th May 2023

2023 PACIFIC GAMES OFFICE

Approval /Signature Required

Supplier Name: ALANA ARAITEWA

1) Requisition	☑	Sign by FC	✓	Sign by ED	
2) Payment Voucher	☑	Sign by FC		Sign by ED	
3) LPO	☐	Sign by FC		Sign by ED	
4) IB Authorisations	☐	Authorised by FC		Authorised by ED	

Comments:

RECEIVED
Date: 15/12/23 Sign.....

Transaction or Request Lodgement Receipt

Transaction or Request Description:	ANZ to Other Bank Transfer
Transaction or Request Status:	Posted
Date / Time:	05/02/2024 11:00
Transaction Number:	AHS35501

Transaction Details:

ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 3,000.00
Transfer From Amount: SBD 3,000.00
Indicative :
My Reference: Medical Reimburs

PAID
DATE 7/2/24 CHQ No.

Payment Details

Account Name: Alana Araitewa
Account Number: 2001628698
Bank Name: Bank of South Pacific
Reference To Payee : 2023 Medical

Pay Date : 05/02/2024

Comments:

* * * * * * * * * * Authorisation Details * * * * * * * * * *
05/02/2024 11:00 Pauline Tovua
Authorisation Required for : ANZ to Other Bank Transfer (2A)
05/02/2024 18:56 Christian Nieng
Authorised -ANZ to Other Bank Transfer
Comments : Verified
07/02/2024 13:33 Debbie Ofaeri Sifoni
Authorised -ANZ to Other Bank Transfer
07/02/2024 13:33 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 AHS35501

Transaction Details

ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 3,000.00
Transfer From Amount: SBD 3,000.00
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.

5/2/24

PAYMENT VOUCHER

Payment: Voucher No:	pp
NAME: Alana Araitewa	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed _____ Date 25/01/24
IF DIRECT CREDITS ISSUED: BANK REF #: _____ Signed _____	pp APPROVED BY FINANCIAL CONTROLLER Signed _____ Date 25/1/24

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Payment to Alana for medical reimbursement.	$3,000.00

Cheque No: IB for $3,000.00 Date 25/01/2024

Signature of claimant _____

PRINT NAME: _____

Payment Voucher Prepared by _____ Date 25/1/24

2001628698

BSP

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GOC-267/23

DEPARTMENT: _____

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY: SUPPLIER	ORDER NO.	COST
1		Raise payment to ALANA ARAITEWA for her Medical expenses reimbursement as per attached receipt	ALANA ARAITEWA		$3000-00 2 $3,000-00
				TOTALS	

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $3,000-00 Date: 15/12/23

Requisition Officer (Name): Imogen Vida Sign: [signature]

Account Code: 6-2205

Account Name: Staff Welfare

Funds available on this account: _____

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Debbie. Renee Sign: [signature]

Post: FC

Department: NHA

Authority is granted for expenditure not exceeding:

SBD$ 3,000-00

Signed: [signature]

Name: CN Ley

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] Signature

Name: Truman B Date: 19/12/23

Position: C.P.O

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

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GOC-267/23

DEPARTMENT: _____

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1		Raise payment to ALANA ARAITEWA for her Medical expenses reimbursement as per attached receipt	ALANA ARAITEWA		$3000-00 2 $3,000-00
				TOTALS	

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $3,000-00 Date: 15/12/23

Requisition Officer (Name): Imogen Vida Sign: [signature]

Account Code: 6-2205

Account Name: Staff Welfare

Funds available on this account: _____

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Debbie Renise Sign: [signature]

Post: FC

Department: NHA

Authority is granted for expenditure not exceeding:

SBD$ 3,000-00

Signed: [signature]

Name: CN Ley

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] Signature

Name: Tumani B Date: 19/12/23

Position: C.P.O

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

MINUTE **Ref:** GOC – /23

To: CHIEF EXECUTIVE OFFICER, GOC

From: FINANCE & PROCUREMENT, GOC **Date:** 14/12/23

RE: PURCHASE DOCUMENT TO PROCESS FOR MEDICAL EXPENSES REIMBURSEMENT – ALANA ARAITEWA

Minute approval is sought to raise payment as refered above.

The sum of **sbd 3,000.00** defined in the attached medical reimbursement entitlement request form. This represent the needs as being agreed upon by GOC Human Resource Managemen for **Alana Araitewa** to reimburse his/her medical expenses for year 2023.

See attached receipt # 0217846, 0305362,0069889 for supporting document for your attention.

Therefore, kindly facilitate for endorsement and approval of the work budget for payment process.

Thank you.

Prepared by: Imogen Vida

Finance (GOC)

Endorsed by:

Mr. Ian Irapo **Finance** Games Organizing Committee/NHA		
Signature:	Date: 14/12/23	

Approval by:

Mr. Jack Smith **Operation Manager** Games Organizing Committee/NHA		
Signature:	Date: 14/12/23	

RECEIPT 0217846

Original

Date 14/06/23

Received From Alana Araitewa

The sum of One thousand five hundred dollars only

Being for Dengue test $200, pkt strips
$200, Pkt Lestoon $250, HCV tes. $50
~~Dangafine $175~~, BP $25, Codefree
Machine $450
~~Nomepin $150~~

Date 14/06

Sign

P.O. BOX 777 HONIARA

$ 1,500

Signature

RECEIPT 0069889

Original

Date 31/10/23

Received From Alana Araitewa

The sum of Eight hundred dollars only.

Being for Cough Syrup x2 $200, 2Code free Strips $360, Amox dose $40, Nurofen $100, flagyl $40-

FAMILY CARE ENTERPRISE

Date 31/10

Sign

HONIARA

$ 800—

Signature

RECEIPT 0305362

Original

Date 30/06/23

Received From Alana Araitewa

The sum of Seven hundred dollars only

Being for Neblizer -$480, Vivian A $1200, BP test $20—

FAMILY CARE ENTERPRISE

Date 30/06/23

Sign

HONIARA

$ 700—

Signature

Date Entered - Received.
Please Process with Payment
23/11/2023.

Medical Expenses Reimbursement Form

Name Alana Araitawa

Reimbursement payed 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
30/06/23	Neblizer, Vivian BP	0305362	Asma	$700
14/06/23	Dengue test, plet strepsod plet Restocin, HCV tes	0217846	Body check Dengue	$1,500
	Codefree machine Nomopain			
31/10/23	Cough Syrup, 2x code free strips, Amox	0069889	Pnewmonia &	$800
	dose, Nurofen, flagyl		Belly ache	
			TOTAL	$3,000

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 Araitawa **Date** 23/11/23

Approval by Supervisor/Manager/Executive Director

Name: [illegible] **Signature:** [illegible]

Date: 23/11/2023

NAME OF STAFF (GOC)	MEDICAL ENTITLEMENT	MEDICAL FIRM ATTENDED	RECEIPT NUMBER	DATE	CLAIM RELEASED	REMAINING BALANCE
Alana Araitewa	$3,194.39					$194
		Fharmily Care Enterprise	#69889,217846,305362	14/06/2023	$3,000	