

**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 ~~27,206,426.83~~
Selected Employee Count: 8
Total Payroll Amount: SBD 27,613.18

**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



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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

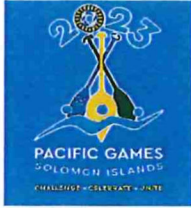
From Account: 5691140
Available Balance: SBD 3,206,126.03
Selected Employee Count: 8
Total Payroll Amount: SBD 27,613.18

Comments:

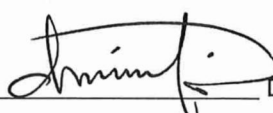
***** Authorisation Details *****
06/06/2023 12:24 Mema Hite
Authorisation Required for : Payroll Payment Request (2A)



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PAYMENT VOUCHER

Payment: Voucher No:	
NAME: ANZ Bank	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed  Date <u>5/6/23</u>
IF DIRECT CREDITS ISSUED:	APPROVED BY FINANCIAL CONTROLLER
BANK REF #:	Signed  Date <u>5/6/23</u>
Signed	

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Leave Passage for GOC Staff for 2023	\$3,197.39
6-2205	Staff Welfare	- Cindy Mekele	\$2,891.36
6-2205	Staff Welfare	- Daniel Dafalo	\$3,197.39
6-2205	Staff Welfare	- Bridget Vaniri	\$3,874.94
6-2205	Staff Welfare	- Anothony Bagotu	\$3,197.39
6-2205	Staff Welfare	- Alana Araitewa	\$3,197.39
6-2205	Staff Welfare	- Silvana Kenikeremia	\$4,291.60
6-2205	Staff Welfare	- Georgina Kikiolo	\$3,777.72
6-2205	Staff Welfare	- Emily Eno	

Cheque No: IB TRANS for \$27,613.18 Date 31/05/2023

Signature of claimant _____

PRINT NAME: _____

Payment Voucher Prepared by  Date 5/6/23



NATIONAL HOSTING AUTHORITY

PURCHASE REQUISITION

REQUISITION NUMBER:

Gee-0585/23

Contract/Supplier Payment Number:

Contract/Supplier Name:

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	SUPPLIER	PURCHASING OFFICER USE ONLY	
				ORDER NO.	COST
		Reise payment for 2023 Leave Entitlement as per Contract	Alana Araitewa	—	\$3,197.39 ^{NH}
				Total:	\$3,197.31
Approval is requested to incur expenditure on the above ^{NH}			Account Code No: 6-205		
Estimated Cost (SBD): \$3,197.39			Account Name: Staff Welfare		
Requisition Officer (Name): Florence M			Funds available on this account:		
Supervisors Certification (Accountable Officer):			Authority is granted for expenditure not exceeding:		
Certifying Officer (Name): Debbie Renee			SBD\$ 3,197.31		
Position: NHA			Signed: [Signature]		
Department/Committee:			Name: [Signature]		
Threshold and contract/Supplier payments Checklist			Note: Authority for expenditure must be given by accounting officer or his/her deligated.		
Payment requires one quote (\$10,000.00 below)			Compliance Check by: [Signature]		
Payment requires three quotes (\$10,000.00 above)			Name: Leang-B		
Is it a ITB Contract Payment			Position: [Signature]		
Is it a GTB contract payment			Date: 20/05/23		
Payment is a Bid waiver					

White Copy -NHA FINANCE

Blue Copy - Compliance Unit/Department

Green Copy - Requisition Department



NATIONAL HOSTING AUTHORITY

PURCHASE REQUISITION

REQUISITION NUMBER: 600-0585/23

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	—	\$3,197.31 ^{NH}
				Total:	\$3,197.31

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): \$3,197.31Date: 26/05/23Requisition Officer (Name): Florence MSign: [Signature]Account Code No: 6-2005Account Name: Staff Welfare

Funds available on this account: _____

Certifying Officer (Name): Debbie-ReneeSupervisors Certification (Accountable Officer): [Signature]

Sign: _____

Position: NHA

Department/Committee: _____

Authority is granted for expenditure not exceeding:

SBD\$ anySigned: anyName: any

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

Compliance Check by: [Signature]Name: Leanne BPosition: Team

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 referred above.

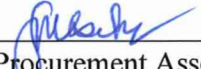
The sum of **SBD 3,194.39** written in the attached leave entitlement advance request form. This represents the needs as being agreed upon by GOC Human Resource Management for Alana Araitewa to have her leave passage for this year 2023.

See attached for supporting document for your checking.

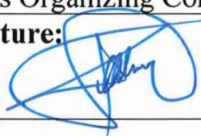
Therefore, kindly facilitate this purchase document for endorsement and approval of the work budget for payment processes.

Thank you.

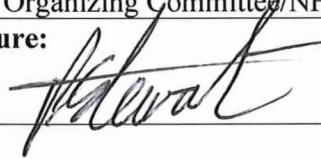
Prepared by: Florence Masiha


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	



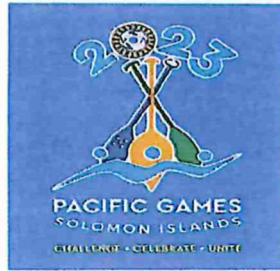
Leave Entitlement Advance Request

Date Submitted	23-May-23	E-mail	Aaratewa@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	Date Endorsed	24/5/23
Endorsers Signature			
Approved By	Mr. Rocklive Poloso	Date Approved	25/5/23
Approval Signature			
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
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	✓	5 th June	7 th 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:

GOC Data Entry Officer

Date:

18/05/23

Approval by Supervisor/Manager/Executive Director

Name:

Louisa Kelly

Signature:

[Signature]

Date:

19th May 2023



2023 PACIFIC GAMES OFFICE

Approval /Signature Required

Supplier Name: ALANA ARAITEWA

1) Requisition	☒	Sign by FC	<u>✓</u>	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:



**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

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

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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 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.

02/24



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

Payment Voucher Prepared by  Date 25/6/24

BSP



NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GOC-2674/23

DEPARTMENT: _____

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION	PURCHASING OFFICER USE ONLY		
(Full and clear details of payment)			SUPPLIER	ORDER NO.	COST
1		Raise payment to ALANA ARAITENA for her Medical expenses reimbursement as per attached receipt	ALANA ARAITENA		\$3000-00 2 \$3,000-00
			TOTALS		
Approval is requested to incur expenditure on the above			Account Code: <u>6-2205</u>		
Estimated Cost (SBD): <u>\$3,000-00</u>			Account Name: <u>Staff Welfare</u>		
Requisition Officer (Name): <u>Imogen Vida</u>			Funds available on this account: _____		
Supervisors Certification (Accountable Officers):			Authority is granted for expenditure not exceeding:		
Certifying Officer (Name): <u>Debbie Renge</u>			SBD\$ <u>3,000-00</u>		
Post: <u>FC</u>			Signed: <u>[Signature]</u>		
Department: <u>NHA</u>			Name: <u>[Signature]</u>		
Threshold Checklist			Note: Authority for expenditure must be given by accounting officer or his/her deligated		
Payment requires one quote (10,000 below)			Compliance Check by: <u>[Signature]</u>		
Payment requires three quotes (\$10,000.00 above)			Signature		
Is it a ITB Contract Payment			Name: <u>Imogen B</u>		
Is it a GTB Contract Payment			Date: <u>19/12/23</u>		
Payment is a Bid Waiver			Position: <u>C.P.O</u>		

Copy 1 White
Copy 2 Pink
Copy 3 Yellow

NHA Finance
Compliance Department
Requesting Department



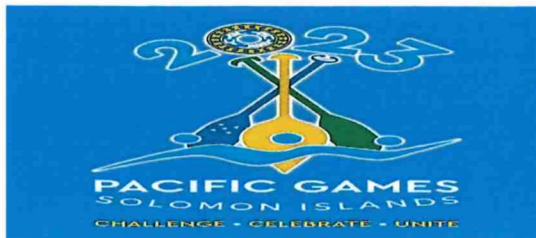
NATIONAL HOSTING AUTHORITY

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	25/12/23	\$3000-00 2 \$3000-00
			TOTALS		
Approval is requested to incur expenditure on the above			Account Code: <u>6-2205</u>		
Estimated Cost (SBD): <u>\$3,000-00</u>			Account Name: <u>Staff Welfare</u>		
Requisition Officer (Name): <u>Imogen Vida</u>			Funds available on this account: _____		
Supervisors Certification (Accountable Officers):			Authority is granted for expenditure not exceeding:		
Certifying Officer (Name): <u>Debbie Kenne</u>			SBD\$ <u>3,000-00</u>		
Post: <u>FC</u>			Signed: <u>cm</u>		
Department: <u>NHA</u>			Name: <u>CNI en</u>		
Threshold Checklist			Note: Authority for expenditure must be given by accounting officer or his/her delegated		
Payment requires one quote (10,000 below)			Compliance Check by: <u>[Signature]</u> Signature		
Payment requires three quotes (\$10,000.00 above)			Name: <u>Tuman B</u> Date: <u>19/12/23</u>		
Is it a ITB Contract Payment			Position: <u>C.P.O</u>		
Is it a GTB Contract Payment					
Payment is a Bid Waiver					



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 referred above.

The sum of **sbd 3,000.00** defined in the attached medical reimbursement entitlement request form. This represents the needs as being agreed upon by GOC Human Resource Management 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 0069889

Original

Date 31/10/23

Received From Alana Araitewa

The sum of Eight hundred dollars only.

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

\$ 800-

Signature

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, priet strips 11
\$200, Priet test kit \$250, HCV test \$50
Paracetamol \$175, BP \$25, Code-free
machine \$450
Nurofen \$150

\$ 1,500

Signature

RECEIPT 0305362

Original

Date 30/06/23

Received From Alana Araitewa

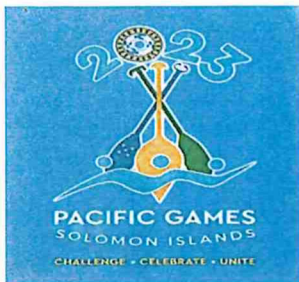
The sum of Seven hundred dollars only

Being for Nebulizer -\$480, Vivian
A \$1200, BP test \$20 -

\$ 700-

Signature

Date Entered and verified.
Please Process with paym
~~XXXXXXXXXX~~
23/11/2023



Medical Expenses Reimbursement Form

Name Alana Araitava

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)
30/06/23	Nebulizer, Vivian BP	0305362	Asma	\$ 700
14/06/23	Dengue test, pkr streptococci, HCV tes	0217846	Body check Dengue	\$ 1,500
	Codefree machine Nomo pain			
31/10/23	Cough Syrup, 2 x code free strips, Amox	0069889	pneumonia &	\$ 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 Araitava Date 23/11/23

Approval by Supervisor/Manager/Executive Director

Name: Maywood J. K.

Signature: [Signature]

Date: 23/11/23

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	