SATISH KITCHEN REFUND.

## Transaction or Request Lodgement Receipt

| | |
|---|---|
| **Transaction or Request Description:** | ANZ to Other Bank Transfer |
| **Transaction or Request Status:** | Posted |
| **Date / Time:** | 30/01/2024 10:27 |
| **Transaction Number:** | AHR55051 |

**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: Stall Refund

Payment Details

Account Name: Blandina Tolia
Account Number: 2001695291
Bank Name: Bank of South Pacific
Reference To Payee : DC Park

PAID DATE 6/2/24 No.

Pay Date : 30/01/2024

**Comments:**

* * * * * * * * * * Authorisation Details * * * * * * * * * *
30/01/2024 10:27 Pauline Tovua
Authorisation Required for : ANZ to Other Bank Transfer (2A)
02/02/2024 18:47 Christian Nieng
Authorised -ANZ to Other Bank Transfer
Comments : Verified
06/02/2024 13:25 Debbie Ofaeri Sifoni
Authorised -ANZ to Other Bank Transfer
06/02/2024 13:25 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 AHR55051

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### 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: Stall Refund

Payment Details

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

2/12/24

# PAYMENT VOUCHER

| | |
|---|---|
| Payment:<br>Voucher No: | |
| NAME: SATISH KITCHEN | APPROVED BY EXECUTIVE DIRECTOR |
| Address: | Signed _____ Date 18/01/24 |
| IF DIRECT CREDITS ISSUED:<br>BANK REF #: _____<br>Signed _____ | APPROVED BY FINANCIAL CONTROLLER<br>Signed _____ Date 18/1/24 |

| NHA CODE | GL NAME | FULL DETAILS OF CLAIM | AMOUNT |
|---|---|---|---|
| 4-6500 | CATERING STALLS | Payment of 50% refund fee for catering stall at DC Park. | $5,000.00 |

Cheque No: IB for $5,000.00 Date 18/01/2024

Signature of claimant _____

PRINT NAME: _____

Payment Voucher Prepared by _____ Date 18/01/24

# NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GOC-2787/23

DEPARTMENT: _____

## PURCHASE REQUISITION

| QUANTITY | UNIT | DESCRIPTION (Full and clear details of payment) | PURCHASING OFFICER USE ONLY | | |
|---|---|---|---|---|---|
| | | | SUPPLIER | ORDER NO. | COST |
| 1 | | Raise payment to STALL VENDORS for stall refund as per attached invoice | SUNDRY PERSONS - Stalls Refund | | $125,000-00 2 $125,000-00 |
| | | | | TOTALS | |

**Approval is requested to incur expenditure on the above**

Estimated Cost (SBD): $125,000-00 Date: 21/12/23

Requisition Officer (Name): Imogen Vida Sign:

Account Code: _____

Account Name: _____

Funds available on this account: _____

**Supervisors Certification (Accountable Officers):**

Certifying Officer (Name): Debbie Ramo Sign:

Post: FC

Department: NHA

**Authority is granted for expenditure not exceeding:**

SBD$ 125,000-0

Signed:

Name: C Nieng

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: Tumay. B Date: 21/12/23

Position: CPO

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

# REQUEST FOR PAYMENT FORM

| Finance Tracker # | Procurement tracker # | Admin Tracker # |
|---|---|---|

Form Type(place x to respective box):

- [ ] Payment to Suppliers/others
- [x] Request for other services:
  - [ ] Logistics
  - [ ] Transport
  - [x] Catering
  - [ ] Waste and Management
  - [ ] Travel and accomodation
  - [ ] Other .....

Request Date: **11 December 2023** Covered Date/Duration: **15 December 2023**

Purpose:

**The payment is made prior to refund 50% of total fee of $10,000 ~~to Stall No.1~~ (Public Catering Stall) at the DCP.**

Payee: **Philip Diau**

Company: **SATISH KITCHEN** Account Name: BLANDINA TOLIA Bank Name: **BSP**

Account Number: 2001695291 Contact: **(677) 7121799**

| | | | Amount | | | | TO BE CHARGED TO | |
|---|---|---|---|---|---|---|---|---|
| No. | Date | Description | Other | USD | SBD | Reference Number | Department | Services |
| 1 | 11/12/2023 | **50% refund of $10,000 paid as fee for stall 1 at the DC Park** | | | **5,000.00** | | **Operation Dept** | **Catering Services** |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| **TOTAL** | | | | | **5,000.00** | | | |

Finance Review

Signature over printed name/Date

Prepared by

(Signature over printed name)

Approved by

(Signature over printed name)

**Notes:**

1. This form is a summary to capture the request and should be supported with other documents, e.g. emails, quotation/invoices, Terms of Reference, proposals, contracts, etc.
4. All cash advances shall be paid within 7 working days upon approval

Original

# TAX INVOICE*/STATEMENT* 0269801

(*delete as appropriate)

Date 1/12/2023

To G.O.C Public Catering

ABN (of Recipient) | Order No.

From Blandina Tolia (Satish kitchen)

Stall No 1 Ph: 7191799

ABN (of Supplier)

| QTY | DESCRIPTION | PRICE | G.S.T. | TOTAL |
|---|---|---|---|---|
| | Being for 50% refund for stall rented at DC park | | | $500.00 |
| | Account Name Blandina Tolia | | | |
| | Account No BSP Account 2001695291 | | | |
| | Blandina Tolia | | | |
| | Tolia | | | $500.00 |

TOTAL INCLUSIVE OF G.S.T.

Total includes G.S.T. of

**MINUTE** **Ref:** GOC – /22

**To:** EXECUTIVE DIRECTOR, NHA

**From:** Finance & Procurment, GOC **Date:** 20/12/2023

**RE: REQUEST PAYMENT FOR THE STALL REFUND – STALLS VENDORS**

Approval is sought to raise payment as referred above.
See attached is the invoice for your perusal. The payment sum of **:$SBD ~~7,000.00~~** 105,000 A.N

| | Stalls Refund | | | |
|---|---|---|---|---|
| Date | Company name | Percentage refund | Amount | Venue |
| 20.12.23 | Viable Catering | 50% | $ 5,000.00 | DC Park |
| 20.12.23 | Solomon Host Business | 100% | $ 10,000.00 | DC Park |
| 20.12.23 | Home catering | 50% | $ 5,000.00 | DC Park |
| 20.12.23 | Tasty N Health catering | 50% | $ 5,000.00 | DC Park |
| 20.12.23 | Fuds Wheels | 50% | $ 5,000.00 | DC Park |
| 20.12.23 | Satish | 50% | $ 5,000.00 | DC Park |
| 20.12.23 | Grace Catering F & D | 50% | $ 5,000.00 | DC Park |
| 20.12.23 | Hahe Designs | 50% | $ 5,000.00 | DC Park |
| 20.12.23 | Lets Investment | 50% | $ 10,000.00 | DC Park |
| 20.12.23 | Rove fish Market | 50% | $ 5,000.00 | DC Park |
| 20.12.23 | TDC Caterers | 50% | $ 5,000.00 | DC Park |
| | | | $ ~~65,000.00~~ | |

A-N 20.12.23 TASTE & TRADITION - Kotasi Sistas 100% $40,000 DC / LAWSON TAMA ~~STADIUM~~
10,000
105,000 A.N

Being for the Vehicle hirings as per contract for the days work.
Therefore, kindly request for approval of budget and endorsement to make the payment soon as possible.

Lisiane simata

Procurement/ Finance (GOC)

**Endorsed by:**

| | | |
|---|---|---|
| **Imoggin vidda**<br>Finance Team<br>Games Organizing Committee | | |
| **Signature:** | Date: 20/12/23 | |

**Approval:**

| | | |
|---|---|---|
| Mr Jack Smith<br>Senior Executive Manager<br>Games Organising Committee | | |
| **Signature:** | Date: 20/12/23 | |

# NATIONAL HOSTING AUTHORITY

## SOLOMON ISLANDS GOVERNMENT

C5

## CONTRACT PAYMENT AND COMPLIANCE CHECKLIST

**(For payment of contracts over $100,000)**

This checklist is to be submitted along with contracts payments for works, goods and services

| | | | | |
|---|---|---|---|---|
| Purchase Requisition (PR) for the entire value of the contract | P7 35 | | | |
| Draft Contract (not yet signed by Supplier) | P7 10.1 | ✓ | | |
| Tender Award by ITB/GTB | P7 10.1 | ✓ | | |
| PR signed by requisition officer | | ✓ | | |
| Vendor Information Form (for new vendor) | | | | |
| ICT Checklist attached (if for ICT equipment) | | | | |
| Progress Report of works/Photos etc | | | | |
| Completion report if goods/services and works have been completed | | | | |
| Other reports if any ( goods and services) | | | | |
| Payment certificate from Engineer matching amount in Requisition | | | | |
| Invoice from Contractor matching amount in requisition | | | | |
| | | | | |
| | | | | |
| Contract form approved and Signed by Chairman/EDs | P7 27.2 | | ✓ | |
| PR has been signed by authorized person (and not approving payment to themselves) | P7 44 | | ✓ | |
| Check amount on PR matches the signed contract | | ✓ | ✓ | |
| Account code used is correct | P7 38.5(e) | ✓ | ✓ | |
| Name on PR matches signed contract | P7 38.5(e) | ✓ | ✓ | |
| Check price and rates are reasonable | P7 43.2(b) | ✓ | ✓ | |
| | | | | |
| Amount entered in AX matches Requisition | | | | ✓ |
| Account code in AX matches Requisition | | | | ✓ |
| Vendor name in AX matches Requisition | | | | ✓ |
| Item code and Units entered (e.g. box, each) correctly | | | | ✓ |
| Description has enough detail | | | | ✓ |
| Check dates on future instalments entered correctly | | | | ✓ |
| Budget OK | | | | ✓ |

***Note:** If any of the above is not able to be certified please include an explanation of why. This will speed up the compliance process.*

***Department Compliance performed by:***

Signed: _____

Name and Position: Agnes Ngeri

Date: 20/12/23

***Procurement section Compliance performed by:***

Signed: _____

Name and Position: Truman - Rid CPO

Date: 22/12/23

***Finance Department Compliance performed by:***

Signed: _____

Name and Position: Joseph. B (F/O)

Date: 18/01/24