

**Transaction or Request Lodgement Receipt**

Transaction or Request Description: Payroll Request

Transaction or Request Status: Pending

Date / Time: 08/12/2022 10:45

Transaction Number: AFR59061

Transaction Details:

Payroll Payment

From Account: 5691140

Available Balance: SBD 16,583,372.98

Selected Employee Count: 4

Total Payroll Amount: SBD 20,000.00

Comments:

***** Authorisation Details *****

08/12/2022 10:45 Mema Hite

Authorisation Required for : Payroll Payment Request (2A)

09/12/2022 09:10 Christian Nieng

Authorised -Payroll Payment Request

Comments : verified

09/12/2022 13:23 Debbie Ofaeri Sifoni

Authorised -Payroll Payment Request

09/12/2022 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: 08/12/2022 10:45
Transaction Number: AFR59061

Transaction Details:

Payroll Payment

From Account: 5691140
Available Balance: SBD 16,583,372.98
Selected Employee Count: 4
Total Payroll Amount: SBD 20,000.00

Comments:

***** Authorisation Details *****
08/12/2022 10:45 Mema Hite
Authorisation Required for : Payroll Payment Request (2A)

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NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GCX-1012/22DEPARTMENT: GCX

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1		Raise Payment to BENJAMIN NGABULE for his Leave Entitlement Advance Request for this year 2022 as per Contract.	BENJAMIN NGABULE	—	\$5,000-00
TOTALS					\$5,000-00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD):

\$5,000-00

Date:

1/12/22

Requisition Officer (Name):

IAN DARS

Sign:

Account Code:

6-2205

Account Name:

staff welfare.

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name):

Dellae. Kence

Sign:

Post:

FC

Department:

NHA

Authority is granted for expenditure not exceeding:

SBD \$5,000-00

Signed:

Name:

C. N. N.

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:

Heerod. B

Date:

5/12/22

Position:

PCW



NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GCX-1012/22DEPARTMENT: GCX

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1		Kaise Payment to BENJAMIN NGABULE for his Leave Entitlement Advance Request for this year 2022 as per Contract.	BENJAMIN NGABULE	-	\$5,000-00
			TOTALS		

Approval is requested to incur expenditure on the above

Estimated Cost (SBD):

\$5,000-00

Date:

1/12/22

Requisition Officer (Name):

IAN DRAGO

Sign:

Account Code:

6-2205

Account Name:

Staff Welfare.

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name):

Debbie Kence

Sign:

Post:

FC

Department:

NHA

Authority is granted for expenditure not exceeding:

SBD\$

5,000-00

Signed:

Name:

C. Wilson

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:

Heerod. B

Date:

5/12/22

Position:

PCW

Copy 1 White

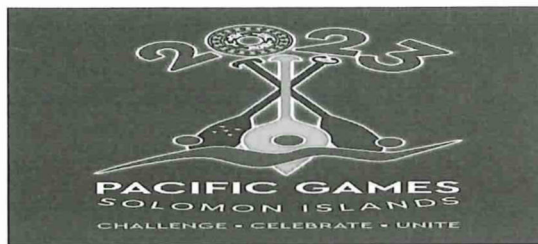
NHA Finance

Copy 2 Pink/Blue

Compliance Department

Copy 3 Yellow

Requesting Department



MINUTE

Ref: GOC – 1012/22

To: CHIEF EXECUTIVE OFFICER, GOC

From: FINANCE & PROCUREMENT, GOC

Date:

1/12/2022

**RE: PURCHASE DOCUMENT TO PROCESS FOR LEAVE PASSAGE ADVANCE
REQUEST BY BENJAMIN NGABULE AS PER CONTRACT FOR YEAR 2022.**

Minute approval is sought to raise payment as referred above.

The sum of **sbd 5,000.00** defined in the attached leave entitlement advance request form. This represent the needs as being agreed upon by GOC Human Resource Managements for Benjamin Ngabule to have his leave passage entitlement for this year 2022. Thus, due to the nature of the project which will restrict staff for not taking his/her leave in year 2023.

See attached for supporting document for your attention.

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

Thank you.

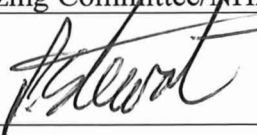
Prepared by: Ian Irapo

Finance Officer (GOC)

Endorsed by:

Mr. Rocklive Poloso Finance Manager Games Organizing Committee/NHA		FM SIGNATORY REQUIRED
Signature: 	Date: 1/12/2022	

Approval by:

Mr. Peter Stewart Chief Executive Officer Games Organizing Committee/NHA		CEO SIGNATORY REQUIRED
Signature: 	Date: 1/12/2022	



Leave Entitlement Advance

Date Submitted	15-Nov-22	
Employee Name	Benjamin Ngabule	
Position/Title	Graphic Designer	
Purpose of Travel	Taking Annual Leave to visit family	
Leave Entitlement Requested		\$5,000.00
Endorsed By	Mr. Rockliffe Poloso	
Endorsers Signature		
Approved By	Mr. McCleen Sarukiki	
Approval Signature		
Employee Signature		

Anticipated Expenses	
Type of Expense	Description of Expense
Airfare/Seafare (Fixed Amount)	For personal use on shopping and other spending within Honiara
Ground Transportation	N/A
Lodging	N/A
Meals and Tips	N/A
Miscellaneous	N/A

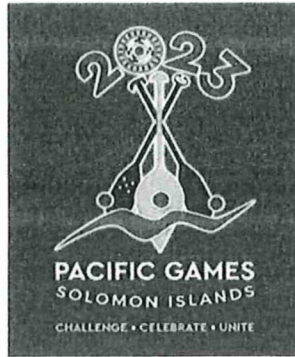
IMPORTANT NOTICE

By signing and submitting this form you agree that the requested funds will be

Request

E-mail	Bninabule@sol2023.com.sb	
Phone	7246458	
Department	Marketing	
Destination	Western Province	
Departure/Leave Date	05-Dec-22	
Return Date	09-Jan-23	
Date Endorsed		
Date Approved		
Date Signed		
Expenses (Inclusive of all Expenses Except Airfare)	# of Days	Total Expenses
\$5,000.00	10	\$5,000.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Grand Total		\$5,000.00

used for the purposes stated in this form.



Leave Application Form

Staff Name: Benjamin Nginabule

Leave Types	Tick (v)	Inclusive		No. of working days
		From;	To;	
Annual Leave		5-Dec-22	16-Dec-22	10
Sick Leave				
Compensatory Time Off				
Maternity /Paternity Leave				
Compassionate leave (Immediate family)				
Other Leave (Specify)				
Unpaid Leave				

My accrued leave balance as of end Nov is 21 days.

Signature: [Signature]

Date: 01/12/2022

Organization Unit: GOC

Approval by Supervisor/Manager/Executive Director

Name: LAUREL TASA

Signature: [Signature]

Date:



2023 PACIFIC GAMES OFFICE

Approval /Signature Required

Supplier Name:

BENJAMIN NGINABULE

2 /10 /23

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

07/10/23

4) IB Authorisations



Authorised by FC

Authorised by ED

_____ ☒

Comments:

ED/FC,

Please authorise leave passage.

Thanks.



Transaction or Request Lodgement Receipt

Transaction or Request Description: ANZ to Other Bank Transfer
Transaction or Request Status: Posted
Date / Time: 07/10/2023 15:10
Transaction Number: AHC67666

Transaction Details:

ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 1,861.00
Transfer From Amount: SBD 1,861.00
Indicative :
My Reference: Leave -Nginabule

Payment Details

Account Name: Benjamin Jr Nginabule
Account Number: 012001014591
Bank Name: Pan Oceanic Bank
Reference To Payee : Leave Passage 23



Pay Date : 07/10/2023

Comments:

***** Authorisation Details *****
07/10/2023 15:10 Mema Hite
Authorisation Required for : ANZ to Other Bank Transfer (2A)
09/10/2023 16:16 Christian Nieng
Authorised -ANZ to Other Bank Transfer
Comments : verified
10/10/2023 13:00 Debbie Ofaeri Sifoni
Authorised -ANZ to Other Bank Transfer
10/10/2023 13:00 Debbie Ofaeri Sifoni
Transaction Processed

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Transaction or Request Lodgement Receipt

Transaction or Request Description: ANZ to Other Bank Transfer
Transaction or Request Status: Held for Authorisation
Date / Time: 07/10/2023 15:10
Transaction Number: AHC67666

Transaction Details:

ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 1,861.00
Transfer From Amount: SBD 1,861.00
Indicative :
My Reference: Leave -Nginabule

Payment Details

Account Name: Benjamin Jr Nginabule
Account Number: 012001014591
Bank Name: Pan Oceanic Bank
Reference To Payee : Leave Passage 23

Pay Date : 07/10/2023

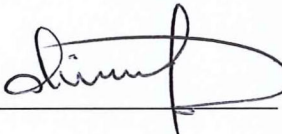
Comments:

***** Authorisation Details *****
07/10/2023 15:10 Mema Hite
Authorisation Required for : ANZ to Other Bank Transfer (2A)



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Payment: Voucher No:	
NAME: Benjamin NGINABULE	APPROVED BY EXECUTIVE DIRECTOR
Address:	 Signed _____ Date <u>10/27</u>
IF DIRECT CREDITS ISSUED:	APPROVED BY FINANCIAL CONTROLLER
BANK REF #: _____	
Signed _____	Signed  Date <u>5/10/23</u>

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Leave entitlement as per contract 2023	\$1,861.00

Cheque No: IB _____ for \$1,861.00 ✓ _____ Date 5/10/2023

Signature of claimant_____

PRINT NAME: _____

Payment Voucher Prepared by _____ Date 5/10/23

Benjamin Jr Ngimabule
012001014591
POB



NATIONAL HOSTING AUTHORITY

PURCHASE REQUISITION

REQUISITION NUMBER:

GOC-1365/23

Contract/Supplier Payment Number:

Contract/Supplier Name:

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	SUPPLIER	PURCHASING OFFICER USE ONLY ORDER NO.	COST
1		Raise payment to Benjamin Nginabule leave entitlement whilst in Honiara as per Sign Contract.	Benjamin Nginabule		\$1,861-00 2 \$1,861-00
				Total:	

Approval is requested to incur expenditure on the above

Estimated Cost (SBD):

\$1,861-00

Date:

2/10/2023

Requisition Officer (Name):

Imogen Vida

Sign:

[Signature]

Supervisors Certification (Accountable Officer):

Certifying Officer (Name):

Debbie. Renua

Sign:

[Signature]

Position:

FC

Department/Committee:

NHA

Account Code No:

6-2205

Account Name:

Staff Welfare

Funds available on this account:

Authority is granted for expenditure not exceeding:

SBD:

1861-00

Signed:

Name:

[Signature]

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

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:

Name:

Position:

Signature

Date:

02/10/23

White Copy - Finance Unit/Department

Blue Copy - Compliance Unit/Department

Green Copy - Ordering Unit/Department



NATIONAL HOSTING AUTHORITY

PURCHASE REQUISITION

REQUISITION NUMBER:

Contract/Supplier Payment Number:

Contract/Supplier Name:

GOC-1365/23

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	SUPPLIER	ORDER NO.	COST
1		Raise payment to Benjamin Nginabule leave entitlement whilst in Honiara as per Sign Contract.	Benjamin Nginabule	5110112	\$1,861-00
					2
					\$1,861-00
					Total:

Approval is requested to incur expenditure on the above

Estimated Cost (SBD):

Requisition Officer (Name):

Certifying Officer (Name):

Position:

Department/Committee:

Date:

Sign:

Supervisors Certification (Accountable Officer):

Sign:

Account Code No:

Account Name:

Funds available on this account:

Authority is granted for expenditure not exceeding:

SBD\$

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

Compliance Check by:

Name:

Position:

Signature

Date:

White Copy - Finance Unit/Department
Blue Copy - Compliance Unit/Department
Green Copy - Ordering Unit/Department



MINUTE

Ref: GOC – 1365/23

To: CHIEF EXECUTIVE OFFICER, GOC

From: FINANCE & PROCUREMENT, GOC

Date: 2-10-2023

**RE: PURCHASE DOCUMENT TO PROCESS FOR LEAVE PASSAGE ADVANCE
REQUEST BY BENJAMIN NGINABULE AS PER CONTRACT FOR YEAR 2023.**

Minute approval is sought to raise payment as referred above.

The sum of **sbd 1,805.69** defined in the attached leave entitlement advance request form. This represent the needs as being agreed upon by GOC Human Resource Managemen for Benjamine Nginabule to advance his leave entitlement for year 2023.

Thus, due to the nature of the project which will restrict staff for not taking his/her leave in year 2023.

See attached 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:	

Approval by:

Mr. Peter Stewart Chief Executive Officer Games Organizing Committee/NHA		
Signature:	Date:	



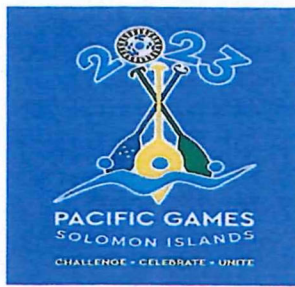
Leave Entitlement Advance Request

Date Submitted	19-Sep-23	E-mail	Bnginabule@sol2023.com.sbn	
Employee Name	Benjamin Nginabule	Phone		
Position/Title	Designer	Department	Marketing & Communication	
		Destination	Honiara	
Purpose of Travel	Not for travel but taken for leave entitlement whilst in Honiara		Departure/Leave Date	20-Sep-23
		\$1,861.00	Return Date	25-Sep-23
Endorsed By	McCleen Sarukiki	Date Endorsed	21/9/23	
Endorsers Signature				
Approved By	Mr. Ian Irapo	Date Approved		
Approval Signature		Date Signed		
Employee Signature				

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	\$1,861.00	4	\$1,861.00
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				\$1,861.00

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 Benjamin Nginiabule

Leave Type	Tick (v)	From	To	No or Working Days
Annual Leave	✓	September 20	September 26	4
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: [Signature]

Organization/Unit: Marketing & Communications / LOC

Date: 18/09/2023

Approval by Supervisor/Manager/Executive Director

Name: Jeremy Inifiri

Signature: [Signature]

Date: 18/09/23



Transaction or Request Lodgement Receipt

Transaction or Request Description: ANZ to Other Bank Transfer
Transaction or Request Status: Posted
Date / Time: 05/02/2024 11:28
Transaction Number: AHS35922

Transaction Details:
ANZ to Other Bank Transfer

From Account: 5691140
Transfer Amount in Local Currency: SBD 3,657.50
Transfer From Amount: SBD 3,657.50
Indicative :
My Reference: 2023 Medical

Payment Details

Account Name: Benjamin Nginabule
Account Number: 012001014591
Bank Name: Pan Oceanic Bank
Reference To Payee : Medical Reimburs

Pay Date : 05/02/2024



Comments:
***** Authorisation Details *****
05/02/2024 11:28 Pauline Tovua
Authorisation Required for : ANZ to Other Bank Transfer (2A)
05/02/2024 18:58 Christian Nieng
Authorised -ANZ to Other Bank Transfer
Comments : Verified
07/02/2024 13:37 Debbie Ofaeri Sifoni
Authorised -ANZ to Other Bank Transfer
07/02/2024 13:37 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 AHS35922

Transaction Details

ANZ to Other Bank Transfer	▲
From Account: 5691140	
Transfer Amount in Local Currency: SBD 3,657.50	
Transfer From Amount: SBD 3,657.50	
Indicative :	
My Reference: 2023 Medical	
Payment Details	▼

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


512124



NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GOC-2677/23

DEPARTMENT: _____

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
1		Raise payment to BENJAMIN NGINABULE for his medical expenses reimbursement as per attached receipt	BENJAMIN NGINABULE		\$5000-00 \$3,657.50
			TOTALS		
Approval is requested to incur expenditure on the above			Account Code: <u>6-2205</u>		
Estimated Cost (SBD): <u>\$5,000-00</u> Date: <u>15/12/23</u>			Account Name: <u>staff welfare</u>		
Requisition Officer (Name): <u>Imogen Vida</u> Sign: <u>[Signature]</u>			Funds available on this account: _____		
Supervisors Certification (Accountable Officers):			Authority is granted for expenditure not exceeding:		
Certifying Officer (Name): <u>Delmore Rame</u> Sign: <u>[Signature]</u>			SBD\$ <u>5000-00</u>		
Post: <u>FC</u>			Signed: <u>[Signature]</u>		
Department: <u>NHA</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)			Name: <u>Imogen B</u> Date: <u>19/12/23</u>		
Payment requires three quotes (\$10,000.00 above)			Position: <u>C-PO</u>		
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



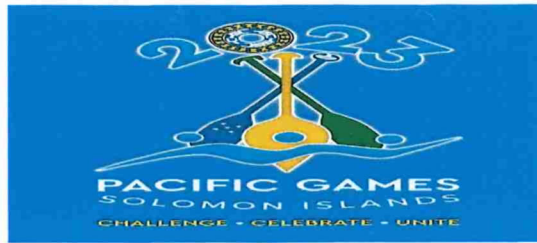
NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GOC-2677/23

DEPARTMENT: _____

PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION	PURCHASING OFFICER USE ONLY		
		(Full and clear details of payment)	SUPPLIER	ORDER NO.	COST
1		Raise payment to BENJAMIN NGINABULE for his medical expenses reimbursement as per attached receipt	BENJAMIN NGINABULE	25/01/21	\$5000.00 \$3,657.50
			TOTALS		
Approval is requested to incur expenditure on the above			Account Code: <u>6-2205</u>		
Estimated Cost (SBD): <u>\$5,000.00</u>			Account Name: <u>Staff welfare</u>		
Requisition Officer (Name): <u>Imogen Vida</u>			Funds available on this account: <u>25/1/21</u>		
Supervisors Certification (Accountable Officers):			Authority is granted for expenditure not exceeding:		
Certifying Officer (Name): <u>Debbie Rame</u>			SBD\$ <u>5000.00</u>		
Post: <u>IC</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-PO</u>		



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 – BENJAMIN NGINABULE

Minute approval is sought to raise payment as referred above.

The sum of ^{3,675.52} ~~sbd 5,000.00~~ defined in the attached medical reimbursement entitlement request form. This represents the needs as being agreed upon by GOC Human Resource Management for **Benjamin Nginabule** to reimburse his/her medical expenses for year 2023.

See attached receipt # 02769 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)

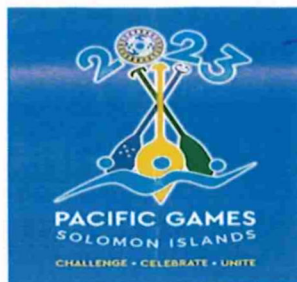
Endorsed by:

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	

Document Verified
Process with payee
29/11/2023
[Signature]



Medical Expenses Reimbursement Form

Name

Benjamin Nginebule

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)
03/10/2023	Medical Consultancy	JN-02769	Consultancy	5000
TOTAL				\$5000

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

[Signature]

Date

14/11/2023

Approval by Supervisor/Manager/Executive Director

Name:

JEREMY INIRI

Signature:

[Signature]

Date:

14/11/2023



JN ONCALL MOBILE MEDICAL SERVICES

Bringing Medical Services to your door step

HONIARA, SOLOMON ISLANDS

Email: jnna24life@gmail.com

PH: (677) 8514029

Payment Receipt JN-02769

Received from ...Mr Benjamin Nginabule

Date.....03/10/2023

The Sum ofFIVE THOUSAND DOLLARS ONLY

BEING FOR:

1. March 2023

a. Medical consultation fee	\$400
b. Oral medication/creams/Sprays	\$100
c. Blood Test	\$100
d. Progressive Reviews	\$200
e. Medical Report	\$200

March Total Amount \$1000

2. April 2023

a. Medical consultation fee	\$400
b. Oral medication/creams/Sprays	\$100
c. Blood Test	\$100
d. Progressive Reviews	\$200
e. Medical Report	\$200

March Total Amount \$1000

3. May 2023

a. Blood Tests (MPS/FBC/UEC/LFTs)	\$500
b. Consultation fees	\$300
c. Progressive Reviews	\$200

May Total Amount \$1000

4. August 2023

a. Blood Tests (MPS/FBC/UEC/LFTs)	\$500
b. Consultation fees	\$300
c. Oral Medication	\$200

August Total Amount \$1000

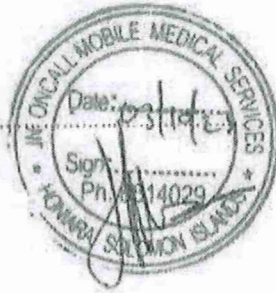
5. October 2023

a. Consultation fees	\$300
b. Oral medication/creams/Sprays	\$200
c. Blood Tests (MPS/FBC/UEC/LFTs)	\$500

October Total Amount \$1000

TOTAL AMOUNT MARCH – OCTOBER 2023 - \$5000

Signature.....



Name of staff	Medical Entitlement	Medical Attend	Receipt Number	Date	Claim Release	Remaining Balance	Remarks
Benjamin Nginabule	\$6,861.00					\$518.50	
		Hyperchem Pharmacy	68621,503103,1156372,45877,2478802	18/07/2023	\$556.50		
		Hyperchem Pharmacy	1169825,1175874,2569	4/08/2023	390.00		
		Island Pharmacy	263369/69869	16/09/2023	396.00		
		JN on call Mobile Medical	#02769	3/10/2023	5,000.00		

note: Medical Entitlement for staffs is \$5,000.00

Deduction: (\$556.50)

(296.00)

(296.00)

\$3,657.50.00
