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
****

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)
****

NATIONAL HOSTING AUTHORITY
EXECUTIVE DIRECTOR
SOLOMON ISLANDS PACIFIC GAMES
9/12/2022

PAYMENT VOUCHER

Payment: Voucher No:	
NAME: ANZ Bank	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed _____ Date 9/12/22
IF DIRECT CREDITS ISSUED: BANK REF #:_____ Signed_____	APPROVED BY FINANCIAL CONTROLLER Signed _____ Date 7/12/22

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Being for Advance Annual Leave Passage - GOC	$20,000.00

Cheque No: IB TRANS for $20,000.00 Date 7/12/2022

Signature of claimant_____

PRINT NAME: _____

Payment Voucher Prepared by_____ Date 7/12/22

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GOC-10/12/22

DEPARTMENT: GOC

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 IKAPO Sign:

Account Code: 6-2205

Account Name: staff welfare.

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Debbie. Rence Sign:

Post: FC

Department: NHA

Authority is granted for expenditure not exceeding:

SBDs $ 5,000-00

Signed:

Name:

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	

RECIEVED DATE 8/12/22 SIGN

Compliance Check by: Signature

Name: Leeroy. B Date: 5/12/22

Position: PCM

Copy 1 White NHA Finance

Copy 2 Pink/Blue Compliance Department

Copy 3 Yellow Requesting Department

NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: GOC - 1012/22

DEPARTMENT: GOC

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 IKAHO Sign:

Account Code: 6-7205

Account Name: Staff welfare.

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Debbie. Rence Sign:

TC SIGNATORY REQUIRED

Post: FC

Department: NHA

Authority is granted for expenditure not exceeding:

SBD$ 5,000-00

Signed:

ED SIGNATORY REQUIRED

Name: CNIom

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	

5/12/22

Compliance Check by: Signature

Name: Leeroy. R Date: 5/12/22

Position: PCM

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 refered above.

The sum of **sbd 5,000.00** defined in the attached leave entilement 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 Desiner**	
Purpose of Travel	Taking Annual Leave to visit family	
Leave Entitlement Requested		**$5,000.00**
Endorsed By		Mr. Rocklive 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 (√)	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: _____

Date: 01/12/2022

Organization Unit: GOC

Approval by Supervisor/Manager/Executive Director

Name: LAUREL TASA **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
* *

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)
* *

PAYMENT VOUCHER

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

NATIONAL HOSTING AUTHORITY
EXECUTIVE DIRECTOR
SOL2023 PACIFIC GAMES

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 Nginabule
0120010145 91
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)	PURCHASING OFFICER USE ONLY: SUPPLIER	ORDER NO.	COST
1		Raise payment to Benjamin Nginabule leave entitlement whilst in Honiara as per Sign Contract.	Benjamin Nginabule		$1,861-00
				Total:	$1,861-00

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:

Supervisors Certification (Accountable Officer):

Certifying Officer (Name): Debbie. Reeve Sign:

Position: FC

Department/Committee: NHA

Account Code No: 6-2205

Account Name: Staff Welfare

Funds available on this account:

NATIONAL HOSTING AUTHORITY SOLOMON ISLANDS PACIFIC GAMES

Authority is granted for expenditure not exceeding:

SBD: 1,861-00

Signed:

Name:

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

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: Dorley V. Thomas

Position: PCO NHA

Date: 09/10/23

White Copy - Finance Unit/Department

Blue Copy - Compliance Unit/Department

Green Copy - Ordering Unit/Department

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)	PURCHASING OFFICER USE ONLY: SUPPLIER	ORDER NO.	COST
1		Raise payment to Benjamin Nginabule leave entitlement whilst in Honiara as per Sign Contract.	Benjamin Nginabule		$1,861-00
				Total:	$1,861-00

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:

Supervisors Certification (Accountable Officer):

Certifying Officer (Name): Sign:

Position:

Department/Committee:

Account Code No: 6-2205

Account Name: Staff Welfare

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 delegated.

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

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 refered above.

The sum of **sbd 1,805.69**defined in the attached leave entilement 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: 2/10/23	

PACIFIC GAMES SOLOMON ISLANDS 2023

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		
Endorsers Signature			**Date Endorsed**	21/9/23
Approved By		Mr. Ian Irapo		
Approval Signature			**Date Approved**	
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	$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 Ngwiabule.

Leave Type	Tick (√)	From	To	No or Working Days
Annual Leave	✓	September ~~20~~	Septem 2~~6~~	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: _____

Organization/Unit: Marketing & Communications / COC

Date: 18/09/2023

Approval by Supervisor/Manager/Executive Director

Name: Jeremy Inifiri **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

PAID DATE 7/2/24 CHQ. No.

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
* *

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

PAYMENT VOUCHER

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

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2205	Staff Welfare	Payment to Benjamin for Medical reimbursement.	$3,657.50

Cheque No: IB for $3,657.50 Date 25/01/2024

Signature of claimant _____

PRINT NAME: _____

Payment Voucher Prepared by _____ Date 25/01/24

BenJamin Jr Nginabule
0120010145 91
POB

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 2 ~~$5000-00~~ $3,657.50
				TOTALS	

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $5,000-00 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 Rano Sign: [signature]

Post: FC

Department: NHA

Authority is granted for expenditure not exceeding:

SBD$ 5000-00

Signed: [signature]

Name: Cathy

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	

$5000 D may approval if it is within his limit.

Compliance Check by: [signature] Signature

Name: Truman B Date: 19/12/23

Position: C-PO

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

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 25/01/23		~~$5000-00~~ $3,657.50 ~~$5000-00~~ $3,657.50
				TOTALS	

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $5,000-00 Date: 15/12/23

Requisition Officer (Name): Imogen Vida Sign:

Account Code: 6-2205

Account Name: Staff welfare

Funds available on this account:

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Delbbie Rano Sign:

Post: FC

Department: NHA

Authority is granted for expenditure not exceeding:

SBD$ 5000-00

Signed:

Name:

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	

$5000 D may approval if it is within the limit.

Compliance Check by: Signature

Name: Truman. B Date: 19/12/23

Position: C-PO

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 – BENJAMIN NGINABULE

Minute approval is sought to raise payment as refered above.

The sum of **sbd ~~5,000.00~~** 3,675.52 defined in the attached medical reimbursement entitlement request form. This represent the needs as being agreed upon by GOC Human Resource Managemen 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 Payment.
29/11/2023.

Medical Expenses Reimbursement Form

Name Benjamin Ngimbule

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
03/10/2023	Medical Consultantcy	JN-02769	Consultantcy	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 _____ **Date** 14/11/2023

Approval by Supervisor/Manager/Executive Director

Name: JEREMY INIFIRI **Signature:** _____

Date: 14/11/2023

J N ONCALL MOBILE MEDICAL SERVICES
Bringing Medical Services to your door step
HONIARA, SOLOMON ISLANDS
Email: jnmz24life@gmail.com PH: (677) 85 14029

Payment Receipt JN-02769

Received from ...**Mr Benjamin Nginabule** Date.....03/10/2023
The Sum of .....**FIVE 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)

(396.00)

(396.00)

$3,657.50-00