GRACE CATERING F&D.

Transaction or Request Lodgement Receipt

Transaction or Request Description:	ANZ to Other Bank Transfer
Transaction or Request Status:	Posted
Date / Time:	30/01/2024 10:36
Transaction Number:	AHR55203

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: Moses Maebiru
Account Number: 2001654041
Bank Name: Bank of South Pacific
Reference To Payee : DC Park

PAID DATE 6/2/24 CHQ. No.

Pay Date : 30/01/2024

Comments:

* * * * * * * * * * Authorisation Details * * * * * * * * * *
30/01/2024 10:36 Pauline Tovua
Authorisation Required for : ANZ to Other Bank Transfer (2A)
02/02/2024 18:46 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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PAYMENT VOUCHER

Payment: Voucher No:	RP
NAME: GRACE CATERING	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed _____ Date 18/01/24
IF DIRECT CREDITS ISSUED: BANK REF #: _____ Signed _____	APPROVED BY FINANCIAL CONTROLLER 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

PACIFIC GAMES SOLOMON ISLANDS

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		$105,000-00
				TOTALS	$105,000-00 A.N

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): $105,000-00 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. Rene Sign:

Post:

Department: NHA

Authority is granted for expenditure not exceeding:

SBD$ 105,000-00

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: Timau. 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.8 (Public Catering Stall) at the DCP.

Payee: **Philip Diau**

Company: **GRACE'S CATERING F&D** Account Name: **MOSES MAEBIRU** Bank Name: **BSP**

Account Number: **2001654041** Contact: **7511806**

			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 8 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

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 100% $40,000 DC / LAWSON TAMA ~~STADIUM~~
- Kotasi Sisters 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 Finance Team Games Organizing Committee		
Signature:	Date: 20/12/23	

Approval:

Mr Jack Smith Senior Executive Manager Games Organising Committee		
Signature:	Date: 20/12/23	

Original

TAX INVOICE*/STATEMENT* 0233801

(*delete as appropriate)

Date 01-12-23

To GOC Public catering
Phillip Diau

ABN (of Recipient) | Order No.

From Grace's Catering food and Drinks, stall 8.

ABN (of Supplier) Phone: 7511806
7324911

QTY	DESCRIPTION	PRICE	G.S.T.	TOTAL
	Being for 50% refund for stall rental @DC pack		$50.00	
	Moses Maebiru			
	Grace Maebiru			
	BSP			
	Account: Grace & Moses Maebiru			
	Account Number: 2001654041		$50.00	

TOTAL INCLUSIVE OF G.S.T.

Total includes G.S.T. of

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 Ngeti

Date: 20/12/23

Procurement section Compliance performed by:

Signed: _____

Name and Position: Tuman - Bid CPO

Date: 22/12/23

Finance Department Compliance performed by:

Signed: _____

Name and Position: Dep C.G. (F/O)

Date: 18/01/24