



## Approval/Disbursement Form

Date 28/08/2020

Payee: Charles Jackcin

Account	Check #
Unibank HTG	1114

Expense category	Memo	Amount
Stage	Compensation de stage pour le mois d'Aout 2020.	10000.00
<b>Total</b>		<b>10000.00</b>

Approved for  
payment

Department Director  
required for all expenses

*LeFranc Rovel*  
Executive Director  
Necessary for expenses over  
\$100 or 5000 HTG

Board President  
Required for for expenses over  
\$5000 USD or 250000 HTG

Payee Signature

*Charles Jackcin*

date : *31/08/2020*

ACTIVEH  
9 RUE DEBUSSY TURGEAU  
TEL (509) 4747-6941

1114  
10-1210-0016

Payez ce chèque  
à l'ordre de

*Charles Jackcin*

*Dix mille 00/100*

UNIBANK UNIBANK S.A.  
Succursale 250  
21 Rue Mahélat, Place Boyer, N'lonville, Couail  
Tel: 254623003/254623007 www.unibankhaiti.com

Memo *Compensation de stage Aout 2020*

*LeFranc Rovel* *Boisne Cariani*

10001114 1021000067 102101259066

### Accounting Documentation Filing Checklist

Required for all expenses : ☐ Receipt ☐ Invoice/contract/ Proforma ☐ Expense/Purchase request

Required if Applicable: ☐ Decision memo (over \$500 ☐ Cash Advance Receipt ☐ Project Profile sheet

# ACTIVEH

## Expense/Purchase Request

Request Date: 25/08/2020

Required Receipt Date: 27/08/2020

Expense Category (select one): Miscellaneous

Request No: \_\_\_\_\_

Priority: ☐ Routine ☐ Urgent

DCD Approval: \_\_\_\_\_

Currency: ☐ USD ☒ HTG

#	Item Description	Purpose	Proposed Vendor / Payee	Beneficiary or Program/Dept	# of Units	Estimated Unit Cost	Total Cost
1	Stage	Compensation de Stage pour le mois d'Aout 2020.	Charles Jackcin	ACTIVEH			10,000.00
2							
3							
4							-
5							-
Total							10,000.00

Please print form and complete signature section below by hand

Requestor Name: Mirlande JOULOUTE

Required for ALL requests

Signature: Mirlande Jouloute Date: 25/08/2020

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required for ALL requests

Executive Director Signature: Sedric Ronel Date: 28/08/2020

Required for requests over \$100 USD or approximately 5,000 HTG

Board President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required for requests over \$5,000 or approximately 100,000 HTG

☐ I am requesting a cash advance for this purchase

Rationale: \_\_\_\_\_

DCD Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Request must be submitted at least 1 week before**

Receipt by Administration

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For requests under \$500 USD (25,000 HTG), complete Payment Approval / Disbursement Form

For requests over \$500 USD (25,000 HTG), complete Purchasing Decision Memo and Payment Approval / Disbursement Form