

Creativity, Health, and Wellbeing for OVC On and Off the Streets of Bamenda- WORLD CONNECT

PAYMENT SLIP

DATE: 17-6-2017

RECEIPT NUMBER:


PROJECT ACTIVITY: Gender Base Violence

PARTICIPANT NAME: Chogah Gilbert

PARTICIPANT ID NUMBER:

PAY PERIOD (Month/Year-Month/Year):

| EARNINGS | AMOUNT |
|----------|--------|
| Per Diem | 5 000 |
| Labor | |
| TOTAL | |

| | |
|---|--|
| <p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1:</p> <p>DATE OF SESSION 2:</p> <p>DATE OF SESSION 3:</p> <p>DATE OF SESSION 4:</p> <p>DATE OF SESSION 5:</p> <p>DATE OF SESSION 6:</p> <p>DATE OF SESSION 7:</p> <p>DATE OF SESSION 8:</p> <p>DATE OF SESSION 9:</p> <p>DATE OF SESSION 10:</p> <p>DATE OF SESSION 11:</p> <p>DATE OF SESSION 12:</p> | <p>ALL PROJECT PARTICIPANTS</p> <p><u>Attach a photo copy of your ID card to this page.</u></p> <p>PARTICIPANT NAME: Chogah Gilbert</p> <p>PARTICIPANT SIGNATURE: </p> |
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APPROVED BY:

DATE: