

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

PAYMENT SLIP

DATE: 21-6-2017

RECEIPT NUMBER: 7A


PROJECT ACTIVITY: SRT
Training

PARTICIPANT NAME: Mildred Yemoh

PARTICIPANT ID NUMBER:

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

EARNINGS	AMOUNT
Per Diem	5000 ₦
Labor	
TOTAL	5000 ₦

For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only	ALL PROJECT PARTICIPANTS
<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><u>Attach a photo copy of your ID card to this page.</u></p> <p>PARTICIPANT NAME: Mildred Yemoh</p> <p>PARTICIPANT SIGNATURE: </p>

APPROVED BY:

DATE:

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

PAYMENT SLIP

DATE: 21-6-2017

RECEIPT NUMBER: 78


PROJECT ACTIVITY: SRH Training

PARTICIPANT NAME: ADONG MARISKA

PARTICIPANT ID NUMBER:

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

EARNINGS	AMOUNT
Per Diem	5000fr
Labor	
TOTAL	5000fr

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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: ADONG MARISKA</p> <p>PARTICIPANT SIGNATURE: </p>
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**Creativity, Health, and Wellbeing for OVC On and Off the
Streets of Bamenda- WORLD CONNECT**

PAYMENT SLIP

DATE: 20-6-2017
 RECEIPT NUMBER: 70
 PROJECT ACTIVITY: SRTI

PARTICIPANT NAME: Aisha Mary
 PARTICIPANT ID NUMBER:
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000 frs
Labor	
TOTAL	5000 frs

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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: Aisha Mary</p> <p>PARTICIPANT SIGNATURE: </p>
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Streets of Bamenda- WORLD CONNECT**

PAYMENT SLIP

DATE: 21-6-2017
 RECEIPT NUMBER: 7P
 PROJECT ACTIVITY: Health

PARTICIPANT NAME: Louisa Kamgeh
 PARTICIPANT ID NUMBER: 110746780
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000frs
Labor	
TOTAL	5000frs

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

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PAYMENT SLIP

DATE: 20-6-2017

RECEIPT NUMBER: 72

PROJECT ACTIVITY: Health

PARTICIPANT NAME: Sylvine Mbong Z

PARTICIPANT ID NUMBER: 115411035

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

EARNINGS	AMOUNT
Per Diem	5000 K
Labor	
TOTAL	5000 K

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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: Sylvine Mbong Z</p> <p>PARTICIPANT SIGNATURE: <u>Sylvine</u></p>
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PAYMENT SLIP

DATE: 21-6-2017
 RECEIPT NUMBER: 7F
 PROJECT ACTIVITY: SRA

PARTICIPANT NAME: Ayogro Derrick
 PARTICIPANT ID NUMBER:
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000 ₦
Labor	
TOTAL	5000 ₦

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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: Ayogro Derrick PARTICIPANT SIGNATURE: <i>[Signature]</i></p>
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PAYMENT SLIP

DATE: 20-6-2017
 RECEIPT NUMBER: 76
 PROJECT ACTIVITY: Health

PARTICIPANT NAME: Bama Diane Alida
 PARTICIPANT ID NUMBER:
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	50000
Labor	
TOTAL	50000

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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: Bama Diane Alida</p> <p>PARTICIPANT SIGNATURE: </p>
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**Creativity, Health, and Wellbeing for OVC On and Off the
Streets of Bamenda- WORLD CONNECT**

PAYMENT SLIP

DATE: 26-6-2017

RECEIPT NUMBER: 74

PROJECT ACTIVITY: SHK Training

PARTICIPANT NAME: Hongyiungong Blaise

PARTICIPANT ID NUMBER: 1185196135

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

EARNINGS	AMOUNT
Per Diem	5,000 fcs
Labor	
TOTAL	5,000 fcs

For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only	ALL PROJECT PARTICIPANTS
<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><u>Attach a photo copy of your ID card to this page.</u></p> <p>PARTICIPANT NAME: Hongyiungong Blaise</p> <p>PARTICIPANT SIGNATURE: <i>[Signature]</i></p>

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PAYMENT SLIP

DATE: 20-6-2017

RECEIPT NUMBER: 71

PROJECT ACTIVITY: SRH Training

PARTICIPANT NAME: Acho Njombighi Brenda

PARTICIPANT ID NUMBER: 115753078

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

EARNINGS	AMOUNT
Per Diem	5.000.000
Labor	
TOTAL	5.000.000

For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only	ALL PROJECT PARTICIPANTS
<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><u>Attach a photo copy of your ID card to this page.</u></p> <p>PARTICIPANT NAME: Acho Njombighi Brenda</p> <p>PARTICIPANT SIGNATURE: <i>[Signature]</i></p>

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PAYMENT SLIP

DATE: 20-6-2017

RECEIPT NUMBER: 75


PROJECT ACTIVITY: SRH Workshop -
MISSPA

PARTICIPANT NAME: Nchotuh Fidelis

PARTICIPANT ID NUMBER:

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

EARNINGS	AMOUNT
Per Diem	5000 FRS
Labor	
TOTAL	5000 FRS

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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: Nchotuh Fidelis</p> <p>PARTICIPANT SIGNATURE: </p>
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PAYMENT SLIP

DATE: 20-6-2017
 RECEIPT NUMBER: 7K
 PROJECT ACTIVITY: SRH

PARTICIPANT NAME: ANIETH GRACE TABI
 PARTICIPANT ID NUMBER:
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000fs
Labor	
TOTAL	5000fs

For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only	ALL PROJECT PARTICIPANTS
DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: DATE OF SESSION 12:	<p><u>Attach a photo copy of your ID card to this page.</u></p> <p>PARTICIPANT NAME: ANIETH GRACE TABI</p> <p>PARTICIPANT SIGNATURE: </p> <p style="font-size: 1.2em;">6708133-19</p>

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PAYMENT SLIP

DATE: 20-6-2017
 RECEIPT NUMBER: 7L
 PROJECT ACTIVITY: SRH Training

PARTICIPANT NAME: Fongoh Brandil
 PARTICIPANT ID NUMBER:
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000 fms
Labor	
TOTAL	5000 fms

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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>Fongoh Brandil</p> <p>PARTICIPANT NAME:</p> <p>PARTICIPANT SIGNATURE: Fongoh Brandil</p>
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PAYMENT SLIP

DATE: 20-6-2017
 RECEIPT NUMBER: 7M
 PROJECT ACTIVITY: SRH Training
 workshop

PARTICIPANT NAME: YUANDIRI NICOLINE N.
 PARTICIPANT ID NUMBER: 111534228
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000frs
Labor	
TOTAL	5000frs

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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: YUANDIRI NICOLINE N. PARTICIPANT SIGNATURE: </p>
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PAYMENT SLIP

DATE: 21-6-2017
 RECEIPT NUMBER: 7N
 PROJECT ACTIVITY: Health SRH training

PARTICIPANT NAME: Sirri Sunita Nji
 PARTICIPANT ID NUMBER: 111748388
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000frs
Labor	
TOTAL	5000frs

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

APPROVED BY:

DATE:


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Streets of Bamenda- WORLD CONNECT**

PAYMENT SLIP

DATE: 20-6-2017
 RECEIPT NUMBER: 70
 PROJECT ACTIVITY: Health

PARTICIPANT NAME: Ngangse Tina
 PARTICIPANT ID NUMBER: 109785247
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000fr
Labor	50
TOTAL	5000fr

<p>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</p> <p>DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3: DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9: DATE OF SESSION 10: DATE OF SESSION 11: 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: Ngangse Tina</p> <p>PARTICIPANT SIGNATURE: </p>
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