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

PAYMENT SLIP

DATE: 10/06/17
RECEIPT NUMBER:
PROJECT ACTIVITY: SRH Training for Mentors / Peer Educator

PARTICIPANT NAME: NGOH EMILIA
PARTICIPANT ID NUMBER:
PAY PERIOD (Month/Year-Month/Year):

EARNINGS	**AMOUNT**
Per Diem	5000 Frs
Labor	
TOTAL	

For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only	**ALL PROJECT PARTICPANTS**
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:**	**Attach a photo copy of your ID card to this page.** **PARTICIPANT NAME:** NGOH EMILIA **PARTICIPANT SIGNATURE:**

APPROVED BY:

DATE: 10/06/17