

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
MANUFCAM / Dev Educator

PARTICIPANT NAME: NEROH EMILIA

PARTICIPANT ID NUMBER:

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

EARNINGS	AMOUNT
Per Diem	5000 Fcs
Labor	
TOTAL	

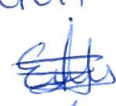
**For DRAMA, VOCAL, DANCE, AND
SKILLS CONSULTANTS only**

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:

ALL PROJECT PARTICIPANTS

Attach a photo copy of your ID card to this page.

PARTICIPANT NAME: NEROH EMILIA

PARTICIPANT SIGNATURE: 

APPROVED BY:

DATE: 10/06/17