


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

## PAYMENT SLIP

DATE: 16-10-2017  
 RECEIPT NUMBER: 8A  
 PROJECT ACTIVITY: safe space  
 launch

PARTICIPANT NAME: Mbonde Wilcliff  
 PARTICIPANT ID NUMBER:  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000f
Labor	
TOTAL	5000f

<p><b>For DRAMA, VOCAL, DANCE, AND SKILLS CONSULTANTS only</b></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><b>ALL PROJECT PARTICIPANTS</b></p> <p><u>Attach a photo copy of your ID card to this page.</u></p> <p>PARTICIPANT NAME: Mbonde Wilcliff</p> <p>PARTICIPANT SIGNATURE: </p> <p>657056174</p>
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APPROVED BY:

DATE:


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## PAYMENT SLIP

DATE: 16-10-2017  
 RECEIPT NUMBER: 8B  
 PROJECT ACTIVITY: Safe Space

PARTICIPANT NAME: Teneng Gildas  
 PARTICIPANT ID NUMBER:  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000f8
Labor	
TOTAL	5000f8

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

DATE: 16-10-2017  
 RECEIPT NUMBER: 8C  
 PROJECT ACTIVITY: Safe Space Launch

PARTICIPANT NAME: Kuchi Simon  
 PARTICIPANT ID NUMBER: 117313397  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000 FNB
Labor	
<b>TOTAL</b>	5000 FNB

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: Kuchi Simon PARTICIPANT SIGNATURE: 

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DATE:




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## PAYMENT SLIP

DATE: 16-10-2017  
 RECEIPT NUMBER: 8P  
 PROJECT ACTIVITY: SAFE SPACE  
 LAUNCHED

JOY  
 PARTICIPANT NAME: Joy Sandra Wengi  
 PARTICIPANT ID NUMBER:  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000fr
Labor	
TOTAL	5000fr

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: Joy Sandra  PARTICIPANT SIGNATURE: 

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DATE:


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## PAYMENT SLIP

DATE: 16-10-2017  
 RECEIPT NUMBER: 8E  
 PROJECT ACTIVITY: SAFE SPACE  
 LAUNCHED

PARTICIPANT NAME: Awoeh Sidoline  
 PARTICIPANT ID NUMBER:  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000 frs
Labor	
<b>TOTAL</b>	5000 frs

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:	Attach a photo copy of your ID card to this page.   PARTICIPANT NAME: Awoeh Sidoline  PARTICIPANT SIGNATURE: 

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## PAYMENT SLIP

DATE: 16-10-2017  
 RECEIPT NUMBER: 8F  
 PROJECT ACTIVITY: SAFE SPACE

PARTICIPANT NAME: Chi Amidel  
 PARTICIPANT ID NUMBER:  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	500 Dfr
Labor	
TOTAL	500 Dfr

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

DATE: 16-10-2017  
 RECEIPT NUMBER: 86  
 PROJECT ACTIVITY: safe space  
 lunch

PARTICIPANT NAME: Regina vatong  
 PARTICIPANT ID NUMBER:  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000 fr
Labor	
<b>TOTAL</b>	5000 fr

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: Regina vatong PARTICIPANT SIGNATURE: <i>Regina vatong</i>

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DATE:

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## PAYMENT SLIP

DATE: 16-10-2014  
 RECEIPT NUMBER: 8 H  
 PROJECT ACTIVITY: SAFE SPACE

PARTICIPANT NAME: Ajafor sandrine  
 PARTICIPANT ID NUMBER:  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	5000 ₦
Labor	
<b>TOTAL</b>	5000 ₦

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: Ajafor sandrine</p> <p>PARTICIPANT SIGNATURE: <i>Ajafor</i></p>

APPROVED BY:

DATE: 16/10/14




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## PAYMENT SLIP

DATE: 16-10-2017  
 RECEIPT NUMBER: 81  
 PROJECT ACTIVITY: SAFE SPACE

PARTICIPANT NAME: Ngwezoh Grace  
 PARTICIPANT ID NUMBER:  
 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: Ngwezoh Grace</p> <p>PARTICIPANT SIGNATURE: </p>

APPROVED BY:

DATE:


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## PAYMENT SLIP

DATE: 16-10-2017  
 RECEIPT NUMBER: 85  
 PROJECT ACTIVITY: Safe space

PARTICIPANT NAME: Evangeline Foncha  
 PARTICIPANT ID NUMBER: 1180487901  
 PAY PERIOD (Month/Year-Month/Year):

EARNINGS	AMOUNT
Per Diem	50000fs
Labor	
TOTAL	50000fs

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