PAYMENT SLIP

	6-10-201+
RECEIPT	NUMBER: &A

PROJECT ACTIVITY: Safe goace

PARTICIPANT NAME: MISSING & MILCHET

PARTICIPANT ID NUMBER:

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

EARNINGS	AMOUNT
Per Diem	5000
Labor	
TOTAL	5000

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT
SKILLS CONSULTANTS only	PARTICPANTS
DATE OF SESSION 1: DATE OF SESSION 2:	Attach a photo copy of your ID card to this page.
DATE OF SESSION 3:	4
DATE OF SESSION 4: DATE OF SESSION 5:	1 1 1 1 1 1 1
DATE OF SESSION 6: DATE OF SESSION 7:	PARTICIPANT NAME: Mondesallelist
DATE OF SESSION 7:	PARTICIPANT SIGNATURE:
DATE OF SESSION 9: DATE OF SESSION 10:	C = 10 = 10
DATE OF SESSION 11:	657056174
DATE OF SESSION 12:	

APPROVED BY:

PAYMENT SLIP

DATE: 16-10-2		
RECEIPT NUMBER:	8 BO	100
PROJECT ACTIVITY:	Site	Spel

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

AMOUNT
,
5000f8
3000
5000 18

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT		
SKILLS CONSULTANTS only	PARTICPANTS		
DATE OF SESSION 1: DATE OF SESSION 2:	Attach a photo copy of your ID card to this page.		
DATE OF SESSION 3:			
DATE OF SESSION 4: DATE OF SESSION 5:	112		
DATE OF SESSION 6:	PARTICIPANT NAME: Teneng Gildas		
DATE OF SESSION 7: DATE OF SESSION 8:	PARTICIPANT SIGNATURE:		
DATE OF SESSION 9:			
DATE OF SESSION 10:			
DATE OF SESSION 11:			
DATE OF SESSION 12:			

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PAYMENT SLIP

DATE:	16-10-	2017	
RECEIPT	NUMBER	1:80	
PROJEC	T ACTIVIT	Y: Sale	Sparce
			9

PARTICIPANT NAME: KUChi Simon PARTICIPANT ID NUMBER: 117313397

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

EARNINGS	AMOUNT
Per Diem	5 or OFB
Labor	
TOTAL	Sorth

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT
SKILLS CONSULTANTS only	PARTICPANTS
DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3:	Attach a photo copy of your ID card to this page.
DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6:	PARTICIPANT NAME: Kychi Simon
DATE OF SESSION 7: DATE OF SESSION 9: DATE OF SESSION 10:	PARTICIPANT SIGNATURE:
DATE OF SESSION 10: DATE OF SESSION 11: DATE OF SESSION 12:	

APPROVED BY:

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DATE:	16-	10-2	श्रीत
DECEID	TAILI	MDED.	PD

RECEIPT NUMBER:

PROJECT ACTIVITY: SAFE SPACE

PARTICIPANT NAME: 104 Sandra 108/01

PARTICIPANT ID NUMBER:

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

EARNINGS	AMOUNT
Per Diem	5000/18
Labor	
	2 2 2 1
TOTAL	5000fv

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT
SKILLS CONSULTANTS only	PARTICPANTS
DATE OF SESSION 1: DATE OF SESSION 2:	Attach a photo copy of your ID card to this page.
DATE OF SESSION 3: DATE OF SESSION 4:	
DATE OF SESSION 5: DATE OF SESSION 6:	PARTICIPANT NAME: JOY Sondra
DATE OF SESSION 7: DATE OF SESSION 8:	PARTICIPANT SIGNATURE:
DATE OF SESSION 9: DATE OF SESSION 10:	
DATE OF SESSION 11: DATE OF SESSION 12:	

APPROVED BY:

PAYMENT SLIP

DATE: 16-10-8	5014	
RECEIPT NUMBER:	8E	
PROJECT ACTIVITY	CAL	2-50

PARTICIPANT NAME: ALOCH Sidoline

PARTICIPANT ID NUMBER:

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

	,
EARNINGS	AMOUNT
Per Diem	5000 frs
Labor	
	- C -
TOTAL	50001

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT
SKILLS CONSULTANTS only	PARTICPANTS
DATE OF SESSION 1: DATE OF SESSION 2:	Attach a photo copy of your ID card to this page.
DATE OF SESSION 3:	
DATE OF SESSION 4: DATE OF SESSION 5:	
DATE OF SESSION 5:	PARTICIPANT NAME: Awch Sidding
DATE OF SESSION 7:	22
DATE OF SESSION 8:	PARTICIPANT SIGNATURE:
DATE OF SESSION 9: DATE OF SESSION 10:	*
DATE OF SESSION 11:	
DATE OF SESSION 12:	

APPROVED BY:

PAYMENT SLIP

DATE:	6-10-	2017	
RECEIPT	NUMBER:	8F	
PROJECT	ACTIVITY:	SMFE	SOFTE

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

EARNINGS

AMOUNT

Per Diem

Labor

TOTAL

5000 (Controll)

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT
SKILLS CONSULTANTS only	PARTICPANTS
DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3:	Attach a photo copy of your ID card to this page.
DATE OF SESSION 4: DATE OF SESSION 5:	PARTICIPANT NAME: Chi Amidel
DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8:	PARTICIPANT SIGNATURE:
DATE OF SESSION 9: DATE OF SESSION 10:	
DATE OF SESSION 11: DATE OF SESSION 12:	

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PAYMENT SLIP

DATE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	011
RECEIPT NUMBER:	800
PROJECT ACTIVITY:	Site Space

PARTICIPANT NAME: REGINA NOTONS
PARTICIPANT ID NUMBER.

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

EARNINGS	AMOUNT	
Per Diem	50004	
Labor		
TOTAL	500Dfs	

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT		
SKILLS CONSULTANTS only	PARTICPANTS		
DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3:	Attach a photo copy of your ID card to this page.		
DATE OF SESSION 4: DATE OF SESSION 5: DATE OF SESSION 6:	PARTICIPANT NAME: Regina Nations PARTICIPANT SIGNATURE: Rututul		
DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9:	PARTICIPANT SIGNATURE: Pututul		
DATE OF SESSION 10: DATE OF SESSION 11: DATE OF SESSION 12:			

APPROVED BY:

PAYMENT SLIP

DATE: 16-10-2017	
RECEIPT NUMBER: 🖔 🗡	
DROJECT ACTIVITY CALL	WOU DE

PARTICIPANT NAME: Ayafor Sandrine PARTICIPANT ID NUMBER:

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

EARNINGS	AMOUNT
Per Diem	5000 /2
Labor	
TOTAL	500018

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT		
SKILLS CONSULTANTS only	PARTICPANTS		
DATE OF SESSION 1: DATE OF SESSION 2:	Attach a photo copy of your ID card to this page.		
DATE OF SESSION 3: DATE OF SESSION 4:			
DATE OF SESSION 5: DATE OF SESSION 6: DATE OF SESSION 7:	PARTICIPANT NAME: AJOROF SORdring		
DATE OF SESSION 7: DATE OF SESSION 8: DATE OF SESSION 9:	PARTICIPANT SIGNATURE:		
DATE OF SESSION 10: DATE OF SESSION 11:	,		
DATE OF SESSION 12:			

APPROVED BY:

DATE: Aay

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		$\overline{}$		IVI		N		1

DATE:	16-10-2014
RECEIPT	NUMBER: 87
PROJECT	ACTIVITY: SAFESPICE

PARTICIPANT NAME: Ngwezoh Grace
PARTICIPANT ID NUMBER:

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

EARNINGS	AMOUNT
	t 0 = 1
Per Diem	500045
Labor	
	Sopotis
TOTAL	5000 [13

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT
SKILLS CONSULTANTS only	PARTICPANTS
DATE OF SESSION 1:	Attach a photo copy of your ID card to this page.
DATE OF SESSION 2:	
DATE OF SESSION 3:	
DATE OF SESSION 4:	
DATE OF SESSION 5:	PARTICIPANT NAME: Naweroh Grac
DATE OF SESSION 6:	PARTICIPANT NAME: Name 201 Wall
DATE OF SESSION 7:	
DATE OF SESSION 8:	PARTICIPANT SIGNATURE:
DATE OF SESSION 9:	Tuffy y
DATE OF SESSION 10:	
DATE OF SESSION 11:	
DATE OF SESSION 12:	

APPROVED BY:

PAYMENT SLIP

DATE:	620-2017
RECEIPT	NUMBER: 850
PROJECT	ACTIVITY: Sele Spece
	01-5/2000

PARTICIPANT NAME: Evangeline Forcha PARTICIPANT ID NUMBER: 1150487901

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

EARNINGS	AMOUNT
Per Diem	5000 TP
Labor	
TOTAL	50008

For DRAMA, VOCAL, DANCE, AND	ALL PROJECT		
SKILLS CONSULTANTS only	PARTICPANTS		
DATE OF SESSION 1: DATE OF SESSION 2: DATE OF SESSION 3:	Attach a photo copy of your ID card to this page.		
DATE OF SESSION 4: DATE OF SESSION 5:	PARTICIPANT NAME: Evangeline Foncha		
DATE OF SESSION 6: DATE OF SESSION 7: DATE OF SESSION 8:	PARTICIPANT SIGNATURE:		
DATE OF SESSION 9: DATE OF SESSION 10:			
DATE OF SESSION 11: DATE OF SESSION 12:			

APPROVED BY: