



Approval/Disbursement Form

Date 28/08/2020

Payee: Charles Wiscane

Account	Check #
Unibank HTG	1115

Expense category	Memo	Amount
Stage	Compensation de stage pour le mois d'Aout 2020.	10000.00
Total		10000.00

Approved for
payment

Department Director
required for all expenses

Sefranc Ronel

Executive Director
Necessary for expenses over
\$100 or 5000 HTG

Board President
Required for for expenses over
\$5000 USD or 250000 HTG

Payee Signature

Charles Wiscane

date : *27/08/2020*

ACTIVEH
9 RUE DEBUSSY TURGEAU
TEL : (509) 4747-8941

1115
10-12100016

Payez ce cheque
à l'ordre de *Charles Wiscane* HTG *-10000.00*

Dix mille 00/100

UNIBANK UNIBANK S.A.
Succursale 250
27, Rue Maréchal, Place Royal, Port-au-Prince, Haïti
Tel: 2200-2300 / 2243-2257 www.unibankhaiti.com

Memo *Compensation de stage Aout 2020*

Sefranc Ronel

11000111511 12100016711 10210125906611

Accounting Documentation Filing Checklist

Required for all expenses : ☐ Receipt ☐ Invoice/contract/ Proforma ☐ Expense/Purchase request

Required if Applicable: ☐ Decision memo (over \$500 ☐ Cash Advance Receipt ☐ Project Profile sheet

ACTIVEH

Expense/Purchase Request

Request No: _____

Priority: ☐ Routine ☐ Urgent

DCD Approval: _____

Currency: ☐ USD ☒ HTG

Request Date: 25/08/2020

Required Receipt Date: 27/08/2020

Expense Category (select one): Miscellaneous

#	Item Description	Purpose	Proposed Vendor / Payee	Beneficiary or Program/Dept	# of Units	Estimated Unit Cost	Total Cost
1	Stage	Compensation de Stage pour le mois d'Aout 2020.	Charles Wiscane	ACTIVEH			10,000.00
2							
3							
4							-
5							-
Total							10,000.00

Please print form and complete signature section below by hand

Requestor Name: Mirlande JOULOUTE

Signature: Mirlande Jouloute Date: 25/08/2020

Required for ALL requests

Department Director Signature: _____ Date: _____

Required for ALL requests

Executive Director Signature: Lefiane Ronel Date: 20/08/2020

Required for requests over \$100 USD or approximately 5,000 HTG

Board President Signature: _____ Date: _____

Required for requests over \$5,000 or approximately 100,000 HTG

☐ I am requesting a cash advance for this purchase

Rationale: _____

DCD Approval: _____ Date: _____

Request must be submitted at least 1 week before

Receipt by Administration

Signature: _____ Date: _____

For requests under \$500 USD (25,000 HTG), complete Payment Approval / Disbursement Form

For requests over \$500 USD (25,000 HTG), complete Purchasing Decision Memo and Payment Approval / Disbursement Form