



FOCCAD

FOUNDATION FOR COMMUNITY AND CAPACITY DEVELOPMENT (FOCCAD)

FACILITATION SHEET

ACTIVITY: Monthly allowance for trainers DATE: 17/06/2023 Venue: _____ Payment to: _____ Cost Code: _____

NO	NAME OF PARTICIPANTS	RATE (MK)	NO. OF DAYS	TOTAL (MK)	ORGANISATION	CONTACT NUMBER	SIGNATURE
1	Jessy	60,000	1	60,000	FOCCAD	0881919688	Jessy
2	Monalisa chionera	60,000	1	60,000	FOCCAD	0999018831	B chionera
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20				120,000			

Compiled By: [Signature] Name: Baba Bungala Position: Finance officer
Facts and Figures Certified by: [Signature] Name: [Signature] Position: [Signature]

2006/00010000