Mondoning Supported by Mongo Support Group.

DISTRIBUTION SIGN-OFF FORM

NAME OF EMPLOYEE OVERSEEING DISTRIBUTION DATE(S) OF DISTRIBUTION						Mweliva Havawa	
# N	IAME		ITEM RECEIVED	DATE	POSITION	PHONE #	SIGNATURE
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	Iwelin	Havane	5,000	14/7/20	Fonder	0999433667	AJS/m
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Dis one	m acts as do	-off Form s		on of items a		bikes, backpacks, sti nitted to Finance and	pends, allowances, Administration as par
epared by: Signature		/	Mwelm Hamme Name		14/7/26 Date		
	e/Admin Ch					Date	