

Technical Fees for Facilitators Signature Sheet

Name of event : WISL AND MENTAL HEALTH MEETING

Location of event : NUMBER 1

Date of event: 28/06/23

#	Name of participant/staff	Position	Phone Number	Number of days	Amount Received	Signature/ or thumb print
1	Evelyn Chikoko	Mental health nurse	0888788796	1	14000	<i>E. Chikoko</i>
2	Chusomo Milsanzie	Business Expert	0884301167	1	14000	<i>Chusomo</i>
3						
4						
5						
6						
7						
8						
Total					28,000.00	

CAPDI

28 JUN 2023

PAID

Payment Facilitated By

Name: John Chikoko Position: Finance Officer

Signature and Date: *[Signature]* 28/06/23

Reviewed By

Name: Geoffrey Sijani Position: E. Director

Signature and Date: *[Signature]* 28/06/2023