



Transport Refund Pay Out Sheet

Name of event: VSL AND MENTAL HEALTH SESSIONLocation of event: NUMBER 1Date of event: 29/06/2023

#	Name of participant/staff	Position	Phone Number	Route	Amount Received	Signature/ thumb print
1	Queen Malango	Field Officer	0882083101	CAPDI - NUMBER 1 - CAPDI	5,000.00	Qmalango
2						
3						
4						
5						
6						
7						
8						
9						
TOTAL					5,000.00	

Payment Facilitated By Name: <u>John Chilombo</u> Position: <u>Finance Officer</u>		Reviewed By Name: <u>Geoffrey Salijani</u> Position: <u>E-Director</u>	
Signature and Date <u>[Signature]</u> <u>29/06/23</u>		Signature and Date <u>[Signature]</u> <u>29/06/2023</u>	