



Name of event: VSI AND MENTAL HEALTH MECTING SESSION WITH CYCLONE SURVIVORS

Date of event: $\frac{28}{67/2}$? Location of event: MINYS Amount Signature/ Name of participant/staff Position **Phone Number** thumb print Route Received Queen malango F.0 088 208319 CAPDI -5,000 3 5,000,00 TOTAL **Reviewed By Payment Facilitated By** Name: Geoffsey Salijan Position: E. Director John Chilembo Position: HARAGE OFFICE Signature and Date 28/07/2023 Mall 28/02/23 Signature and Date