

ACADES

Goods/Service Provider Form

Name of Goods/Service provider Mr Chilavile

Phone Number: 0884408013

Quantity	Description	Unit Price	Total Cost
10	Pig purchase	50,000	500,000.00
	Grand Total		500,000.00

Provider Signature:.....

Date: 19/08/2023

Administered by:

Staff Name: Banda Blessings

Signature:.....

Position: Facility Manager

Date: 19/08/2023

ACADES MALAWI

P.O Box 31091, Lilongwe

CASH VOUCHER

NO	DATE	NAME	DESCRIPTION / DETAILS	AMOUNT	PHONE NUMBER	SIGNATURE
1	11/08/23	ALBERT SAVALA	TIMBERS/ TRANSPORTING WINDOWS	K50,000.00	0999782182	<i>Albert Savala</i>
2						
3						
4						
5						
6						
7						
8						
9						

FUNDING

I am writing to submit a formal request for funds to cover the additional expenses associated with my trip.

[illegible]

Designation : FAO

Signature _____



THE UNIVERSITY OF CHICAGO PRESS



YUNG 1004-13

CREDIT SALE: NO

P.O. Box 1145, Lilongwe

Date: 10/5/21

Vehicle registration

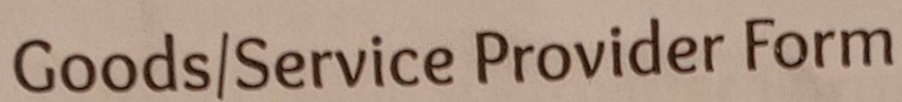
ACADES

[illegible]

International's sign

Goods/Service Provider Form

Date: 13/08/2023



Phone Number.....

Phone Number:.....			
Quantity	Description	Unit Price	Total Cost
	Ninke Chitseko nzi	10,000	10000
	ma windo	15000	15000
Grand Total			25000

Date: 10/02/2023

Administered by:

Staff Name:
Signature:.....

Position: Facility Manager

Date: 10/08/23

