				Α	CCOU	NT NO: 4111		
Payee Ref.:				Invoice No:				
Nayee Name:					ice Øa			
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					O Nu O Dai			
L					00			
GFS Code	Cost	Ward/	19roj	eet	Account		Amount	
Description	Centre	Vill					Tshs:	Cts:
								-
, and the second second								
PV Narration:				Total				
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	10							

Signature							
D ate							
Cheque No:							
Vote Rook Estimates:							
Funds Approved 7shs:							
Funds Jesued Tehe:							
Funds Spent 7shs:							
Funds Ralance 7shs:							
Certificate: I certify that the above sum of Tshs [in words]							
is correctly payable to the above named person and that the rates of payment / price [s] is / are in accordance with regulations/the terms of the contract and funds are available under the BUDGET line quoted above.							
Date	Date	Date					
Signature	Signature	Signature					
Ward Executive Officer	Head of Department	Treasurer					

197 Prepared By: Name.....