HALMASHAURI YA WILAYA YA MOMBA

(Barua zote ziandikwe kwa Mkurugenzi Mtendaji)

Simu Na. 0252954102
Fax Na. 0252954102

MKURUGENZI MTENDAJI (W)
S.L.P 273,
MOMBA

Date.....

DOKEZO LA KUOMBEA FEDHA

Kwenda kwa: Mkurugenzi wa Momba Kutoka kwa: Mkuu wa Idara/Kitengo.....

A: JINA LA MKUU WA IDARA/KITENGO.....

Fedha zinatoka vifungu vifuatavyo:-

Fungu la malipo (Cost Center)..... Cost Center Description.....

Activity Code..... Maelezo ya shughuli (Activity Description).....

.....

Account/Mfuko (Fund source).....

NO	GFS-CODE	GFS DESCRIPTION	TOTAL ANNUAL	EXP. TO DATE	VARIANCE	REQUESTED
TOTAL FOR ALL REQUESTED GFS CODE (S) FOR THE THIS ACTIVITY						

Naomba uidhinishe Tshs..... (Shilingi).....

.....

OC/DEV If development, project number..... Project description.....

.....

Sahihi ya Mkuu wa Idara/Kitengo..... Tarehe.....

B: IJAZWE NA MWEKA HAZINA

Nathibitisha kwamba Akaunti hii ina fedha na kifungu hiki kina salio la kutosha. Anastahili/hastahili Tshs..... kutoka kifungu kilichoainishwa.

Maelezo.....

Sahihi ya Mweka Hazina..... Tarehe.....

C: IJAZWE NA MKURUGENZI WA MOMBA

Naidhinisha/siidhinishi malipo ya Tshs..... kutoka kifungu kilichoainisha (GFS Code).

Sahihi ya Mkurugenzi wa Momba..... Tarehe.....