

General Expenses

Departmental Reference Number

[illegible]

	TOTAL
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FOR DEPARTMENTAL USE ONLY

[illegible]

CLAIMANT'S REFERENCE

K

Signature of Claimant

Date _____

C.F.C. No.

I certify that this account is correct

Signature &

Date _____

Designation

(Financial Delegate)

TO BE COMPLETED BY PAYING OFFICE

**FOR OFFICIAL
USE ONLY**

Registration No.	Consecutive No.

Date of Registration
Not previously paid ☐

F.D.'s signature verified

EXAMINED

I certify that this account is correct within the meaning of the Public Finances (Management) Act.

Received day of.....
200..... the sum of.....kina
and.....Toea.

RECIPIENT _____
(Signature)

Witness

.....
(Certifying Officer)

.....
(Date)

FINANCE FORM 4A

INTRO 1.79

PAPUA NEW GUINEA

INTERGRATED LOCAL PURCHASE ORDER AND CLAIM FORM

S U P P L I E R	

NOTE:
FOR DISTRIBUTION
AND OTHER INSTRUCTIONS
SEE REVERSE SIDE OF
ORIGINAL

DATE	NUMBER

Please supply the undermentioned services/ goods to Hiri Local Level Accounts

Name of Dept.

and render your claim to.....Hiri Local Level Government Paying section.....(paying Officer)

DESCRIPTION	QUANTITY	UNIT RATE	AMOUNT
TOTAL K			-

DIV	F	ACT	ITEM	COMMITMENT NUMBER	AMOUNT
C.F.C NUMBER					

FINANCIAL DELEGATE

..... 21/02/02
(SIGNATURE) (DATE)

Council Executive Officer
.....
(Designation)

CLAIMANTS
REFERENCEI certify that the goods mention above have been received and taken on charge/the faithful
performamnce of the services ordered above

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RECEIVEING OFFICER

.../.../...
(Date)

.....
Designation

.....
(Signature)

.../.../...
(Date)

(Claimant 's Signature)

TO BE COMPLETED BY PAYING OFFICE

Date of Registration.....

Not previously paid

☐

F.D."s signature verified

☐

EXAMINED

☐
FOR
OFFICE
ONLYI certify that this account is correct within the meaning of the
public Finances (Management) Act.

.....
(Signature of Certify Officer)

.../.../...
(Date)

REGISTRATION NUMBER	CONSECUTIVE NUMBER

Receivedday of.....
200.....the sum of.....kina.
andtoea.

RECIPIENT.....
(Signature)

WITNESS.....
(Signature)