



DEFENCE HEALTH MAINTENANCE LTD. PAYMENT VOUCHER

Departmental No _____ Sub Head _____ Station _____ PV No _____
 Payee: _____
 Address: _____

DATE	DETAIL DESCRIPTION OF SERVICE/WORK	RATE	N	: K
TOTAL N				

Amount in words _____ Naira _____ Kobo

CERTIFICATE: I certify that the above amount is correct, and that the service/contract as been duly performed that the rate/price charged is/are according to regulation, fair and reasonable.

Prepared by Name _____
 Designation _____
 Signature _____

Authorised by Name _____
 Designation _____
 Signature _____

Payee: Name: _____

Date: _____