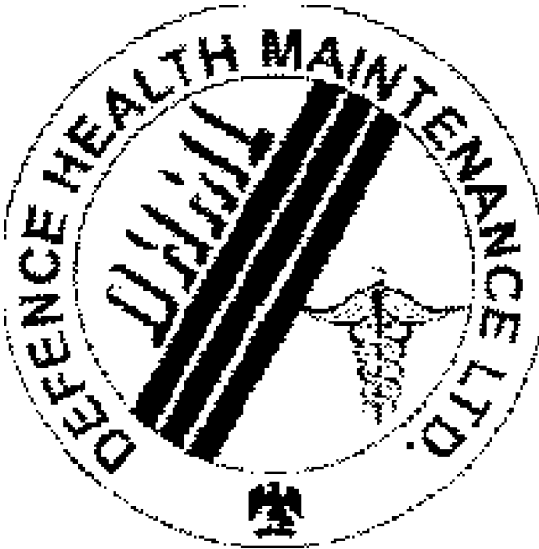




**DEFENCE HEALTH MAINTENANCE LTD.
PAYMENT VOUCHER**

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 _____