




**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 _____