



DOC. NO.: QVT-FIN-PRV-D01-2025

Payment Requisition Form

ISSUE NO.: Vrs01

Request Form

No	ITEM	QOM	QTY	UNIT PRICE	AMOUNT KES
1	KENHA	pc	1	10000	10,000.00
	Total Amount KES				10,000.00

Department	Managed Service
Description	SOYSAMBU Rehabilitation KENHA

Prepared by:

Name: Salome Wamuchara

Monday, August 4, 2025

Signature:

0922HRS

Checked by: TOM

Name: Hillary Mutai

Monday, August 4, 2025

Signature:

Checked By: Finance

Name: Peter Kabui

Monday, August 4, 2025

Signature:

Checked By: CFO

Name: Salim R

Monday, August 4, 2025

Signature:

Approved By: CEO

Name: Ali Maawiy

Monday, August 4, 2025

Signature:

