FEE PAYMENT REQUEST FORM

Submitted To:

Pay To:

UW-KENYA PO Box 19395-00202 NAIROBI, KENYA

Name: **KRA PIN number:** Bank Account Details:

Attention:

Project Name: _____

PIN # _____

Date: _____

Subject: Invoice for UW-Kenya fee for service arrangement.

Pay Rate per SoW: KES

Consulting Time	· · · · · · · · · · · · · · · · · · ·	
Date of Service	Description of Service	Hours (days)
		Amount
	Total Hours (Days)	KES

I hereby certify that this request for payment is an accurate statement of my hours/days worked on the above indicated project, that this request does not violate any local laws or regulations and is in accordance with the terms and conditions of my Fee for Service Agreement with UW-KENYA.

Payee Name: ______ Signature: ______

I hereby certify that I have reviewed this request for payment and that it is an accurate statement of the hours/days worked and the performance as stated above.

Supervisor Name: ______ Signature: _____

Payment Amount:		
Outstanding Advance:		
Withholding tax:		
Net Pay:		
Special Instructions:		
Prepared by:	Date:	
Reviewed by: (Finance Staff)	Date:	_