

# PENTECOSTAL EVANGELISTIC FELLOWSHIP OF AFRICA (PEFA CHURCH KENYA)

Central Office, Nairobi, Kenya | P.O. Box 59092-00200, Nairobi

## REQUISITION / REQUEST FOR PAYMENT FORM

### REQUESTER INFORMATION

Full Name:		Staff ID:	
Department/Ministry:		Position/Title:	
Phone Number:		Date of Request:	
Purpose of Request:			
Event/Activity Name:		Event Date(s):	
Location/Venue:			

### TYPE OF REQUEST (Tick all that apply)

Per Diem Allowance     Meals Allowance     Accommodation     Fuel/Car Expenses     Public Transport     Meeting/Seating Allowance

### SECTION A: PER DIEM ALLOWANCE

No.	Date	Destination	Purpose	Days	Rate (KSh)	Amount (KSh)
1						
2						
3						
4						
5						
6						
<b>SUB-TOTAL (A):</b>						<b>KSh</b>

### SECTION B: MEALS ALLOWANCE

No.	Date	Breakfast (KSh)	Lunch (KSh)	Dinner (KSh)	Tea/Snacks (KSh)	Other (KSh)	Total (KSh)
1							
2							
3							
4							
5							
6							
<b>SUB-TOTAL (B):</b>							<b>KSh</b>

### SECTION C: ACCOMMODATION EXPENSES

No.	Date(s)	Hotel/Facility Name	Location	Nights	Rate/Night	Amount (KSh)
1						
2						
3						
4						
5						
6						
<b>SUB-TOTAL (C):</b>						<b>KSh</b>

### SECTION D: FUEL AND CAR EXPENSES

Vehicle Reg. No: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Mileage Rate: KSh 40/km (first 500km) | KSh 35/km (above 500km)

No.	Date	From	To	Distance (KM)	Rate (KSh)	Amount (KSh)
1						
2						
3						
4						
5						
6						
7						
<b>SUB-TOTAL (D):</b>						<b>KSh</b>

### SECTION E: PUBLIC TRANSPORT EXPENSES

No.	Date	From	To	Mode of Transport	Receipt	Amount (KSh)
1						
2						
3						
4						
5						
6						
7						
<b>SUB-TOTAL (E):</b>						<b>KSh</b>

### SECTION F: MEETING / SEATING ALLOWANCE

No.	Date	Meeting/Event Name	Duration (Hrs)	No. of Persons	Rate (KSh)	Amount (KSh)
1						
2						
3						
4						
5						
6						
7						
<b>SUB-TOTAL (F):</b>						<b>KSh</b>

### SUMMARY OF EXPENSES

A. Per Diem Allowance	KSh
B. Meals Allowance	KSh
C. Accommodation Expenses	KSh
D. Fuel and Car Expenses	KSh
E. Public Transport Expenses	KSh
F. Meeting/Seating Allowance	KSh
<b>GRAND TOTAL (A + B + C + D + E + F):</b>	<b>KSh</b>
<b>Amount in Words:</b> _____	

### PAYMENT DETAILS

<b>Payment Mode:</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Transfer <input type="checkbox"/> M-Pesa		
<b>Bank Name:</b>		<b>Branch:</b>	
<b>Account Name:</b>		<b>Account Number:</b>	
<b>M-Pesa Number:</b>		<b>M-Pesa Name:</b>	

### DECLARATION

I hereby declare that the above expenses are/were incurred for official PEFA Church Kenya duties. I confirm that all information provided is true, accurate, and complete. I have attached all required supporting documents where applicable.

### AUTHORIZATION AND APPROVALS

REQUESTER	SUPERVISOR/HOD	FINANCE OFFICER	FINAL APPROVAL
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date: _____ <input type="checkbox"/> Verified <input type="checkbox"/> Processed	Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined
Name: _____	Name: _____	Name: _____	Name: _____

### FOR OFFICE USE ONLY

<b>Voucher Number:</b>		<b>Payment Date:</b>	
<b>Cheque/Ref No:</b>		<b>Received By:</b>	

### IMPORTANT INSTRUCTIONS

1. Complete all relevant sections applicable to your request.
2. Attach all original receipts, invoices, or M-Pesa transaction messages as proof of expenditure.
3. For advance requests, submit at least 7 days before the event/travel date.
4. For reimbursements, submit within 14 days of incurring the expenses.
5. Claims without proper documentation or required approvals will be returned.
6. Mileage claim rates cover all costs of using a private vehicle (fuel, wear and tear, servicing, insurance, tires, car wash, parking, toll fees, etc.).
7. Meeting/Seating allowance is applicable only for approved official meetings and events.