**COMMITMENT REQUISITION**

 Commitment No..........................

Financial Pattern.......10......... Function..............07............... Subfunction............00.........................

Programme........001............... Subprogramme......02............. Activity Project......0928.....................

Activity/Project Description...........HIV/AIDS CONTROL PROGRAMME……………………...............

........................................................................................................................................................................

|  |  |
| --- | --- |
| **Articles or Service Required** | **Estimated Cost** |
| **Supplier: Collector of Customs –**  |  |
|  |  |
|  |  |
|  |  |
|  **TOTAL** |  |

Inescapable  Priority  Other 

**ROE=USD1:JMD)**

|  |  |  |
| --- | --- | --- |
| **Warrant Allocation** | **Commitment to Date** | **Balance Available** |
|  |  |  |
|  |  |  |

Requisition Prepared by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be used by Commitment Control Section only***

Funds Available & Blocked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commitment Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***To be filled in by the Accounts Branch***

Invoice Order/Supply Reqn. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Voucher No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_