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**Human Resources Office**

Chyngyz Shamshiev\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President/ Chief Operating Officer

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Payments**

**(Administrative Offices)**

Kindly ask your permission to pay to the following employee(s) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Describe the purpose of payment)*

 **NBKR rate: $1=\_\_\_\_\_\_\_\_\_(**by Finance Office)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Program /** **Office** | **Grant(s) name\*** | **Budget line**  | **Budget sub-line** | **Subtotal, (net) KGS** | **Subtotal, (gross)** | **2,25 %** | **Total** |
| *To be filled in by Initiator* | *To be filled in by Finance Office after submission by Initiator.* |
| *All amounts should be in KGS* |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **TOTAL** (*To be filled in by Finance Office)* |  |

|  |
| --- |
| **Initiator:Head of Administrative Offices, Grant’s Coordinator** |
|  **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

|  |
| --- |
| **Approved by Direct Supervisor** |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

**Received by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
|  |  | HR Coordinator |  |  |

**Approved by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
|  |  | Deputy Financial Director /Chief Accountant |  |  |
|  |  | Financial Director / Financial Analyst |  |  |
|  |  | Grants Office Specialist (if expenses are covered by grant)\* |  |  |
|  |  | Grants Financial analyst (if expenses are covered by grant)\* |  |  |
|  |  | Director of Grants Coordination Office (if expenses are covered by grant)\* |  |  |
|  |  | HR Director |  |  |