



2G Brothers

RETIREMENT

Names: Manyenye M

Ref: RF/45

Date: 07-04-2024

Per Diem

#	Name	Place visited	Days	Amount
1	Manyenye M	St fransis Regional referral Hospital	0	0.00
Total			0	0.00

Expenditure Details

no

Total amount 0.00

Prepared by: Manyenye M signature_____date _____

Approved by: signature_____date _____