Funding Authorization and Certificate of Expenditures			UN Agency:		UNDP		Date:	Jun-16	
Country: The Conmonwealth of Dominica Programme Code & Title: Project Code & Title: Project Code & Title: Project Code & Title: Responsible Officer(s): Lloyd Pascal Implementing Partner: Environmental Coordinating Unit	SWIPSA		3				based house	Type of Request: Direct Cash Transfer (DCT) Reimbursement Direct Payment	9
Currency: XCD			REPORTING	NG		REQUES:	REQUESTS / AUTHORIZATIONS	ATIONS	
		Authorised Amount	Actual Project Expenditure	Expenditures accepted by Agency	Balance	New Request Period & Amount	Authorised Amount	Outstanding Authorised Amount	
Activity Description from AWP with Duration	WFP	XCD	XCD	жcр	XCD	XCD	<u>XCD</u>	XCD	
First Domestic Insurance Co. Ltd (Insurance for Project Vehicle)	79900	A	ontological programming control of the control of t	6	D=A·C	m	-	G=D+F	
						0,394,00			
Bank Charges - Other Bank Charges- Barbados									
Total		0.00	0,00			6,554.00			
CERTIFICATION The undersigned authorized officer of the above-mentioned implementing institution hereby certifies that: The funding request shown above represents estimated expenditures as per AWP and itemized cost estimates attached.	ng institution hereby certifies that: itures as per AWP and itemized cost	estinates attached.							
The actual expenditures for the period stated herein has been disbursed in accordance with the AWP and request with itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination, when required, for the period of five years the date of the provision of funds.	isbursed in accordance with the AWF	and request with itemized	cost estimates. The detailed acco	ounting documents for these	expenditures can be	made available for exami	nation, when required, fi	or the period of five years	N-25.0
The advance and expenditure requested above were approved for processing. 21/09/20/8 Name & signature: 1 NOTES: Shaded areas to be completed by the UN Agency and non-shaded areas to be completed by the counterpart.	18	AND ORSON	Name & signature: ANDGCSON PARILLON mpleted by the counterpart.	1		ı			
OR AGENCY USE ONLY: FOR ALL AGENCIES sproved by:	A. I	Account Charges	FOR UNICEF USE ONLY	ONLY		FOI	FOR UNFPA USE ONLY		
lignature	20	Cash Transfer Reference: CRQ ref. no., Voucher ref. no.		de Calabra de de la compansión de la compa		Activity 1		0	
Name:	0.2.1.0	GL codes: Training Travel Meetings & Conferences Other Cash Transfers	0000			Aclivity 2		0	
					PERSONAL PROPERTY AND PROPERTY	Iolai		0	



HEAD OFFICE 21 King George V Street Roseau, Commonwealth of Dominica, W.I. INCORPORATED IN THE COMMONWEALTH OF DOMINICA

BILLING SCHEDULE

Application Number:

1400014859

Client Id: 100012101

Policy Number:

MCO /100/50003574

Policy Term: 12 Months

Policy Effective Date: 9/4/2018

Policy Expiry Date: 9/3/2019

CSR

NCHARLES

Company Details

S.No.	Company Name	Company Type	Manager Name	Date Established	Insured Type
1	Government of Dominica/Environmental Coordinating Unit	Healthcare	Lloyd Pascal	7/18/2002	Company

Address Details

S.No.	Insured Address	Contact No.
1	Fisheries Complex, Bay Front, Roseau, St. George, Dominica	767-266-5256

Billing Schedule Details

Installment	Total Amount(\$)	Due Date	Estimated Cancellation Date	Payment Date
Down Payment	\$0.00			
Installment 1	\$6,554.00	10/04/2018	10/19/2018	
Total Premium:	\$6,554.00			

Motor Vehicle with Comprehensive Coverage

Vehicle	Make	Model	Body	Engine Size	Sum Insured(\$)
Motor Vehicle	Mitsubishi	Outlander	SUV	2400 CC	136800.00