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MINISTRY OF PLANNING, ECONOMIC DEVELOPMENT AND INVESTMENT

COMMONWEALTH OF DOMINICA

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E-mail: minsecplanning@dominica.gov.dm
Website: www.dominica.gov.dm

5th Floor, Financial Center Building
Kennedy Avenue
Roseau
Commonwealth of Dominica

20/3/18

Ref:

15th March 2018

Stephen O'Malley
Resident Representative
UNDP – Barbados and the Eastern Caribbean
UN House
Marine Gardens
Hastings, Christ Church
BARBADOS

Fax No. (246) 429 2448

ATTN: Danielle Evanson
Programme Manager – Climate Change & Disaster Risk Resilience

Dear Mr. O'Malley

Project ID 91623 – Low Carbon

Please find attached one (1) signed Fund Authorization and Certificate of Expenditure (FACE) form in the sum of three hundred and seventy-nine dollars and fifty cents (EC\$379.50). This amount is required to meet direct payment to The Chronicle.

Yours sincerely,

.....
ANDERSON PARILLON
ECONOMIST/UNDP FOCAL POINT

cc: *Permanent Secretary/Health and Environment*
Director Environment Coordinating Unit
Attachment



[The text in this section is extremely faint and illegible.]

Funding Authorization and Certificate of Expenditures

UN Agency: UNDP

Date: Mar-18

Country: The Commonwealth of Dominica
 Programme Code & Title: Energy and Environment
91623 Low Carbon Development Pathway
 Responsible Officer(s): Lloyd Pascal
 Implementing Partner: Environmental Coordinating Unit

Type of Request:
 Direct Cash Transfer (DCT)
 Reimbursement
 Direct Payment

Currency: XCD

REPORTING

REQUESTS / AUTHORIZATIONS

Activity Description from AWP with Duration	Coding for UNDP, UNFPA and WFP	REPORTING				REQUESTS / AUTHORIZATIONS		
		Authorized Amount XCD	Actual Project Expenditure XCD	Expenditures accepted by Agency XCD	Balance XCD	New Request Period & Amount XCD	Authorized Amount XCD	Outstanding Authorized Amount XCD
Chronicle Media Group Inc (Advertising of CIA & LCD positions in The Chronicle newspaper for two weeks)	71300	A	B	C	D = A - C	E	F	G = D + F
Bank Charges - Other								
Bank Charges- Barbados								
Total		0.00	0.00			379.50		379.50

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.
- 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 from the date of the provision of funds.

The advance and expenditure requested above were approved for processing.

Date Submitted: 19/03/2018

Name & signature:

ANDERSON PRAKILSON

ECONOMIST

NOTES: * Shaded areas to be completed by the UN Agency and non-shaded areas to be completed by the counterpart.

FOR AGENCY USE ONLY:

FOR ALL AGENCIES

Approved by: _____

Signature: _____

Name: _____

Title: _____

Date: _____

FOR UNICEF USE ONLY

Account Charges

Cash Transfer Reference: _____

Cash Transfer Reference: _____

GL codes:

Training: 0

Travel: 0

Meetings & Conferences: 0

Other Cash Transfers: 0

Total: 0

FOR UNFPA USE ONLY

New Funding Release

Activity 1: 0

Activity 2: 0

Total: 0

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The Chronicle

A DOMINICAN TRADITION SINCE 1909

WALLHOUSE, LOUBIERE • PO BOX 1724, ROSEAU

COMMONWEALTH OF DOMINICA

PHONE: (767) 448-7887 • FAX: (767) 448-0047

EMAIL: chronicleeditor@cwdom.dm

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INVOICE

VAT REG # 0984125

INVOICE NO#: 007692

DATE: January 8, 2018

Attn: Shisha Birmingham
Environmental Coordinating Unit
Roseau Fisheries Complex
Dame Eugenia Charles Boulevard
Roseau

DATE	DESCRIPTION	SIZE	INSERTS	RATE	OTHER	AMOUNT	
Jan 5	Request to Submit Applications	8x3	1	\$165.00	15%vat	165 24 189	00 75 75

We would appreciate your early attention.
2.5% interest will be added monthly on all overdue accounts.
Kindly present this invoice when making payment.

LESS COMMISSION:
LESS DISCOUNT:
LESS CREDIT:

TOTAL:

\$189.75

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EMAIL: chronicleeditor@cwdom.dm

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INVOICE

VAT REG # 0984125

INVOICE NO#: 007659

DATE: December 22, 2017

Attn: Shisha Birmingham
Environmental Coordinating Unit
Roseau Fisheries Complex
Dame Eugenia Charles Boulevard
Roseau

DATE	DESCRIPTION	SIZE	INSERTS	RATE	OTHER	AMOUNT	
Dec 22	Request to Submit Applications	8x3	1	\$165.00	15%vat	165 24 189	00 75 75

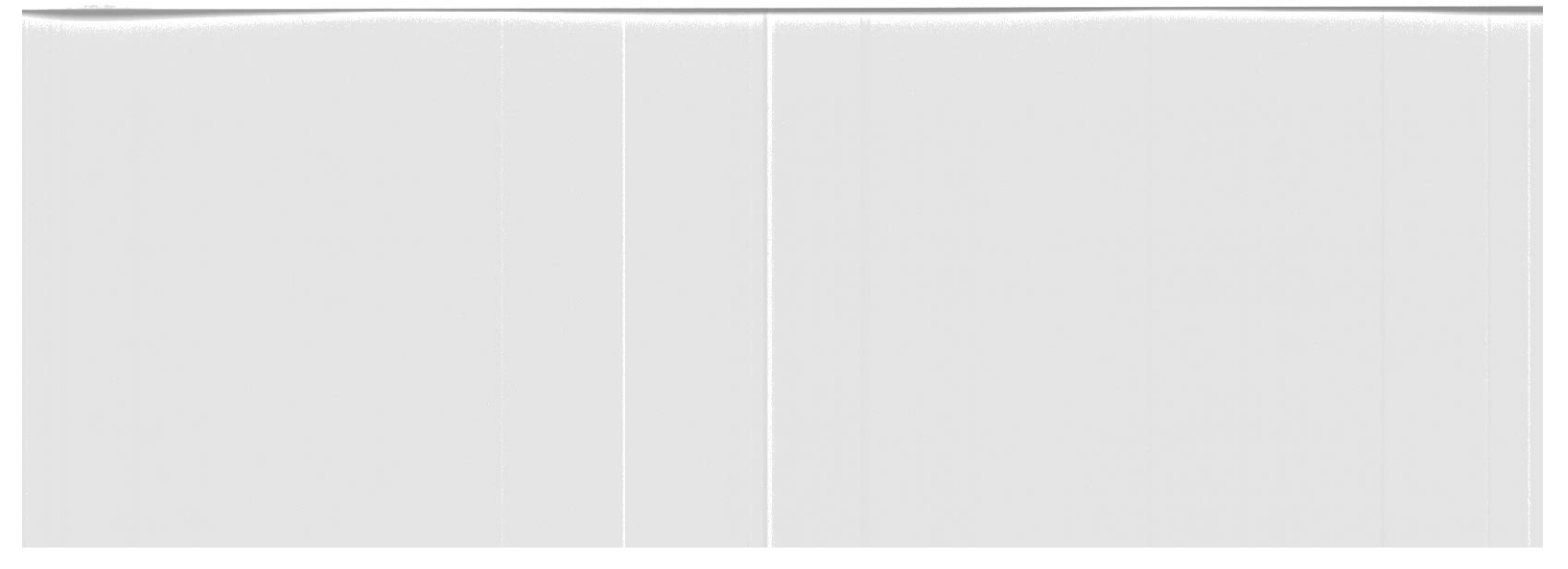
We would appreciate your early attention.
2.5% interest will be added monthly on all overdue accounts.
Kindly present this invoice when making payment.

LESS COMMISSION:
LESS DISCOUNT:
LESS CREDIT:

TOTAL:

\$189.75

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Requesting Officer:	Date:	Previous Vendor Number
First Name / Last Name/Extension	DD MM, Year	ID:
		Type of Update: <input type="checkbox"/> delete <input type="checkbox"/> create/add <input type="checkbox"/> change

PERSON – COMPLETE FOR INDIVIDUALS ONLY

Contract Type <input type="checkbox"/> IC <input type="checkbox"/> RLA <input type="checkbox"/> Meeting Participant <input type="checkbox"/> Supplier <input type="checkbox"/> Staff <input type="checkbox"/> Service Contract <input type="checkbox"/> UNV <input type="checkbox"/> Trainee/Fellow/Intern			
Last Name		First Name	Middle Name
Birthdate (DD-MM-YYYY)	Birth place	Nationality	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
City,		State,	Country Postal Code(Zip)
E-mail Address (1)		Telephone Number: ()	
Email Address (2)		Mobile Number: ()	
Employer's Name			

COMPANY/BUSINESS - COMPLETE THIS SECTION IF YOU ARE A BUSINESS OR COMPANY ONLY

Company Name: <i>Chronicle Media Group Inc.</i>				
Street Address (Correspondence/Remittance) <i>Old Street</i>				
City <i>Roseau</i>	State/Province	Postal Code	Country <i>Dominica</i>	
Contact Person <i>Terease Morance</i>	Phone <i>148-7887</i>	Mobile <i>285-9078</i> <i>316-7387</i>	Fax	Email <i>chronicleac@gmail.com</i>
Alternate Representative <i>Lucy Jones</i>	Phone <i>148-6601</i>	Mobile	Fax	Email

COMPLETE THIS SECTION FOR BANK INFORMATION

Account Name (exactly as it appears on bank account) <i>Chronicle Media Group Inc.</i>				
Name of Banking Institute <i>First Caribbean International Bank</i>		Bank ID: (3 Digits)	Branch ID: (5 Digits)	
Street Address <i>Old Street</i>				
City <i>Roseau</i>	Parish/State/Province	Country <i>Dominica</i>	Postal Code	
Bank Account Number: <i>106990408</i>		Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		

INCOMPLETE OR ERRONEOUS INFORMATION WILL PREVENT FINAL CREDIT OF PAYMENTS TO YOUR ACCOUNT

Certifying Officer (Please print): <i>Terease Morance</i>	Date: <i>1st March 2018</i>
Signature: <i>[Signature]</i>	

COMPLETE THIS SECTION FOR BENEFICIARY INFORMATION (INDIVIDUALS ONLY)

Last Name		First Name	Middle Name
Address			
City		Parish/State	Country Postal Code(Zip)
E-mail Address		Telephone Number:	Mobile Number:



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