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| **Ethiopian Postal Service Enterprise Payment Requesting Form** | | | | | | |
| **Request for Specimen Referral and Result Delivery Service Payment** | | | | | | |
| To | Ethiopian Public Health Institute | | Purpose | | Quarterly Specimen transportation and Result Delivery Service Payment Request | |
| From | Ethiopian Postal Service Enterprise | |
| Date (Requesting date) | | | \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | |
| Activity Period (It must be a single quarter) | | | From | \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Region (The specimen collection and result delivery) | | |  | | # of Zones |  |
| Number of Health facilities visited (round trip) | | | 0 |  |  |  |
| Fee for round trip | | | 994.00 |  |  |  |
| Total amount of payment requested (Round trip fee \*Number of Health facility visit) | | | 0 |  |  |  |
|  | | |  |  |  |  |
| Note: One request must be for a single quarter and a single region. The regional approved summary report must be attached with this request form | | | | | | |
|  | |  |  |  |  |  |
| **Ethiopia Postal Service Enterprise Aproval** | | | | | |  |
| Name : | | | | | |  |
| Signature: | | | | | |  |
| Date: | | | | | |  |
| Stamp: | | | | | |  |