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FASCIMILE

To: **UNDP**
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Attn: **Resident Representative**

Fax: **995 32 25 02 71**

Email: **registry.ge@undp.org**

From: **Comptroller**

Authorizing Agency: **WHO**

Signature:

Suhaizat ABDUL SALAM

Gomathi SUBRAMANIAN

Subject: **Agency Service Request**
Originator: **/Headquarters**

No. of pages: 1 of 7

Donor Code:	**6**
Agency ULO Number:	**7014925461**
Agency Reference No:	
Agency Account Number / Project Code	**PAY**
Agency Request Date:	**10 April 2017**
Due Date:	**11 April 2017**
Payee:	**SOPROMADZE,MR ZAZA**
Currency / Amount:	**USD 445.00**
Service Instructions:	**TRL Travel Payment Ref TR1168743**
Applicable Service Charge:	**UNDP to determine applicable service charge for this request.**

Copies To:

Note: Instead of transmission by fax, the signed form can be sent via email.
This instruction is void if payment is not made within 12 months of Agency Request Date.