

Certification of Payment (COP)

I. FOR PERSONNEL USE ONLY

Name:		Contract No.:	
Project Number:		Fee: (per diem)	
Project Title:		Duration:	
Starting Date:	Expiry date:	Expected number of work days per week:	
Nationality:		Vendor No.:	
Allotment Number(s):		Index no.:	
MOD Number(s):			

II. TO BE COMPLETED BY THE SUBSCRIBER

Please type or print and **mail original and first and second copies**, along with your travel claim upon completion of travel, to: United Nations Development Programme, One United Nations Plaza, New York, and NY 10017.

Attention: (<i>Finance Officer</i>)	N/A	Room No.:	N/A
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I certify that the dates indicated below are an accurate account of the services and duties performed under the terms of this contract.

Countries visited (Payment Milestone)	Dates worked		No. of days worked (% of Payment)	Total Payable
	From	To		
Final MTR Report for 2nd phase of the GoTG/GEF/UNEP LDCF NAPA early warning project in the Gambia - UNDP PIMS # 5156	16 th December, 2019	19 th December, 2019	50%	USD 6,250.00

Note: * N/A denotes Not Applicable

Please note that payment will be made in the currency of the subscriber's usual residence, unless otherwise indicated in Article 3 of the Individual Contract, or paragraph 3 of the Reimbursable Loan Agreement. Payments in currency other than the US dollar will be made at the UN operational rate of exchange in effect at the time payment is made. Bank charges related to payment will be borne by the subscriber.

Please make payment as indicated below:

Name of Bank:	KENYA COMMERCIAL BANK (KCB)	Account title:	STEPHEN NDIBOI MWANGI
Address:	P.O BOX 46950 – 00100, NAIROBI KENYA	Account number:	1131201310
Currency of Account:		Social Security or Tax Identification No.: (if applicable)	A002974116S

Signature: 

Date: 20TH December, 2019

III. TO BE COMPLETED BY AREA/REQUESTING OFFICER

Please [double click](#) appropriate box: Final report accepted

Assessment sheet attached:

Final report not accepted

Second Assessment to be added:

I certify that the work was satisfactorily performed during the above-mentioned dates:

Name of Requesting Officer:	
Signature:	

IV. TO BE COMPLETED BY THE CERTIFYING OFFICER

Please process the payment of _____ to the subscriber in accordance with the payment instructions given above.			
		Travel Claim received	<input type="checkbox"/>
Name of Certifying Officer:		Certifying Bureau/Division:	
Signature:		Date:	