



**AFRICAN CENTRE FOR EXCELLENCE UNIVERSITY OF LAGOS, AKOKA, LAGOS  
CENTRE FOR DRUG RESEARCH, HERBAL MEDICINE DEVELOPMENT AND  
REGULATORY SCIENCE**

**From:** Project Manager

**To:** Center leader/Director,

**Date:** 24<sup>th</sup> February, 2022

**REQUEST FOR PAYMENT ON CONSUMMABLES**

Kindly pay the sum of **Four Hundred Thousand Seven Hundred and Fifty Naira (N400,750.00)** only being claims for consumables expended in the course of his studies. This is in respect of the student research grant awarded to all student of the center. The receipts and invoice is hereby attached.

Kindly approve to be process for payment into the details below.

② Fd (ACE)  
Pls process.  
21116-032  
Jul 13/2022

**ACCOUNT NAME: ONOWENONI MOSES**

**ACCOUNT NUMBER : 0763447096**

**BANK : ACCESS BANK**

Thank you ma.

**Mrs. A.I ALFRED  
Project manager (ACEDHARS)**

Approved,  
*[Handwritten Signature]*

Project Accountant  
Kindly make payment.  
2021 1e.3



# KOMAD FARMS

Breeder & Supplier of Laboratory Farm Animals like albino rats, mice and guinea pigs, Sale of different feeds, agro-allied service & General consultancy

Address: Km 27, Old Lagos Abeokuta expressway, Dalemo Sango Ota.

Tel: 08085874292, 07031352013

## INVOICE

№ 0000738

NAME Chowlemi Moses

L.P.O. No. \_\_\_\_\_

DAY	MONTH	YEAR
17	01	2022

QTY	DESCRIPTION OF GOODS	RATE	RATE	AMOUNT	
				N	K
240	Male and female albino mice	450		108,000	00
	<del>Items supplied</del>				
4 bags	Pelleted granular feed	6000		24,000	00
	<del>Items supplied</del>				

Grand Total: ₦132,000.00

Amount in words: ONE HUNDRED AND THIRTY TWO THOUSAND Naira

Customer's signature [Signature]

Director's signature [Signature]



# Chibek instruments Ltd



12, Chris Akinro Close, Off Agungi Road, Agungi Bus-stop, Lekki-Epe Express way, Lekki Lagos

0909 925 2244

sales@chibek.com

## RECEIPT

NAME: ΔHOWEADNI MOSES      DATE: 17 JAN, 2022  
 JOB NO: NO 0001458

Item	Description	Qty	Price/unit	Total Price
<input checked="" type="checkbox"/>	N-HEXANE	5L	₦36250/2.5L	₦72,500
<input checked="" type="checkbox"/>	ETHYL ACETATE	5L	₦37,500/2.5L	₦75,000
<input checked="" type="checkbox"/>	ETHANOL <i>Consumables</i>	10L	₦23,750/2.5L	₦95,000
<input checked="" type="checkbox"/>	ORAL CANULA	1pc	₦5000/1pc	₦5,000
<input checked="" type="checkbox"/>	WHATMAN GRADE 1 FILTER PAPER	1PKT	₦1000/1pc	₦1,000

Grand Total: ₦248,500

Amount in words: TWO HUNDRED AND FORTY EIGHT THOUSAND, FIVE HUNDRED NAIRA

Customer's signature

Director's signature



# Gocrest Pharmacy

26, Agidi Rd, Alapere Lagos  
gocrest-pharmacy.business.site

## INVOICE/RECEIPT

NAME: Onowenwa MOSES

DATE: 18/01/2022

JOB NO: NO 0000136

Item	Description	Qty	Unit	Total Price
✓	Paroxetine	1 PKT	₦2500 / 1 PKT	₦2500
✓	Diazepam	1 Sachet	₦750 / 1 Sachet	₦750
✓	<del>Items/Consumables</del>			
✓	Cotton wool (500g)	1 PK	₦2000 / PK	₦2000
✓	Syringes (1ml)	50 pcs	₦100 / 1 pcs	₦5000
✓	Hand gloves	1 pkt	₦5000 / 1 pkt	₦5000

Total: ₦15,250

JOB ORDER

Approved by:

TEL: 09054189187, 08083124442

Customer's signature

Pharmacist's signature





# COLLEGE OF MEDICINE UNIVERSITY OF LAGOS

Date 30/11/2021

RECEIPT No 00199278

Received the sum of N 5000.00 K

Amount in words Five thousand  
naira only.

as stated below Onwenu  
Moses

Cashier  
for: Chief Accountant

F 8007

Consumables 5000.00

30  
Accommodation  
RRR  
2705 8327 5531  
of 30/11/2021  
2021

5,000

5,000

HREC  
Ethical  
Approval

COLLEGE OF MEDICINE  
OF THE  
UNIVERSITY OF LAGOS  
**PAID**  
30 NOV 2021

1, Oguntifa street,  
Alapere,  
Ketu.

March 25, 2022.

The Director,  
ACEDHARS,  
University of Lagos,  
Akoka.

② B (ACE)  
pls process -  
22/3/2022.

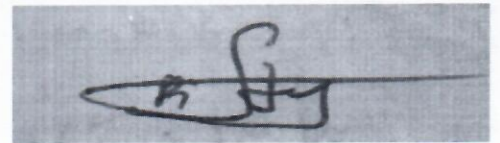
Dear Ma'am,

### Letter of Confirmation of Account Details

I am writing to confirm that the account details (Account number: 0763447096; Account name: Onowenoni, Moses Nyerhovwo; Bank name: Access Bank) provided in the document submitted to the Centre is accurate and belongs to me. The accuracy of the account details is substantiated by the bank statement of account attached to this letter.

I would be most grateful if this is looked into and rectified. Thank you, ma'am.

Yours faithfully,



Onowenoni Moses Nyerhovwo

①

Project Accountant

Kindly help use this document to resolve the research grant reimbursement in Onowenoni.



ORIGINAL

ACEDHARS R&I

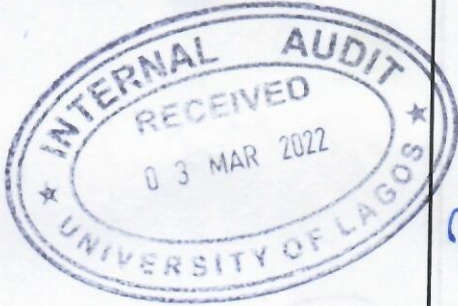
**UNIVERSITY OF LAGOS**  
**INSTITUTE OF MARITIME STUDIES**  
**PAYMENT VOUCHER**

(3)

Access Bank 0763449096

PV NO.....  
 MANDATE NO.....  
 DATE.....  
 PV PREPARED BY.....  
 PV CHECKED BY: *SALAW*

NAME OF PAYEE: *Onwemenon Moses NYERHOVWO*  
 ADDRESS.....

Particulars of Payment	Vote of Charge	Amount	
		₦	K
<p style="text-align: right;"><i>OJA</i> <i>4/3/2022</i></p> <p>Being Payment of expenses incurred on Consumables in the course of his studies as per the attached</p> <div style="text-align: center;">  </div> <p style="text-align: right;"><i>2116-032</i></p> <p style="text-align: center;"><del>₦400,750 = DD Ant. for 04/03/2022</del></p>		400,750	
TOTAL		400,750	

Payment is authorised for (in words) *Four hundred thousand Seven hundred and fifty naira only*  
*2022*

*02-03-2022*  
 Date

*SALAW*  
 Finance Controller  
*for Accountant*

Received.....day of.....20.....the sum of.....



ACEDHARS  
UNIVERSITY ROAD, AKOKA  
LAGOS



SECOND AFRICA HIGHER EDUCATION CENTRES OF EXCELLENCE FOR DEVELOPMENT PROJECT

**PAYMENT VOUCHER**

**Payee:** ONOWENONI MOSES

**Address:**

**Amount:** 400,750.00

**The Sum of:** Four Hundred Thousand Seven Hundred and Fifty Naira Only.

**Voucher No.:** PV/2022/UNILG-1/000000096

**File No.:**

**Date:** 12/04/2022

**Transaction Details:** STUDENT RESEARCH EXPENSES

**Bank A/c:** 32203 ACE OPERATIONAL (NAIRA) ACCOUNT

**Mandate No.:** 22

**Expenditure A/c:** 21116-032 STUDENT COSTS (NEW ACE)

Name	Signature	Date
<b>Prepared by:</b> .....		
<b>Checked by:</b> .....		
<b>Approved by:</b> .....		

**Payee Signed:** ..... **Date:** ...../...../.....