



FORM 1 – MP ALLOCATION APPLICATION & PAYMENT REQUEST

Section 1: Basic Information

MP Name: _____

Constituency: _____

Financial Year (FY): _____

Section 2: Funding Request

Amount Requested (VT): _____

Type of Request:

Full advance Part payment

Section 3: Payment Details

Payment to:

MP's bank account

Supplier account

Other (specify): _____

Section 4: Project Category (tick all that apply)

Community Education Health Youth Disaster Religious

Other: _____

Section 5: Purpose of Request (brief description)

Section 6: Planned Expenses

(Attach a quote or invoice for each item if you have them)

Category	Amount (VT)
Community	
Education	
Health	
Youth	
Disaster	
Religious	
Other	

Total Planned Amount (VT): _____
(Must not exceed amount requested)

Section 7: Conflict of Interest Declaration

- No related party involved
- Yes – details provided in Annex

Section 8: Certification

I request the amount stated above as MP Allocation for the described project(s). I confirm that I will submit all receipts and a completion report by the agreed date.

MP Signature: _____

Date: ____ / ____ / 20____

Office Use Only

Approved Amount (VT): _____

- Approved Query Required

Officer Name: _____

