

ABC FORM 2: CONTRIBUTIONS OR DONATIONS

Request for C&E Clearance – Payments of Contributions or Donations

Date of Submission:

Reference No:

Requested By

Name:

Designation:

Department / Division:

Description of Contribution or Donation:

Reason for Contribution or Payment: *(Please state the reasons for the payment. If there are supporting documents e.g. a letter of request from the charity or party requesting the sponsorship, please attach the same.)*

Frequency: ☐ Once ☐ Repeated (example: monthly / yearly): _____

If Monetary, kindly include the following details:

Payment to [Name of Charitable organisation]:

Payment Amount:

Payment Details:

<p>Approved By:</p> <hr/> <p>Name: Designation: Date:</p>	<p>Acknowledged Receipt by TIME Group C&E Officer:</p> <hr/> <p>Name: Date</p>
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