MEMORANDUM

TO

Nathaniel R. Patray, III

Executive Director/Administration

FROM

Sie-A-Nyene Yuoh (Cllr.)

Corporate Secretary

SUBJECT

Payment of fees to Consultants

DATE

August 10, 2002

Please be informed that the Central Bank of Liberia is obligated to Messrs. Sebastian Gavor and Michael Mensah for services rendered as Consultants to the Bank's Computerization Program as follows:

- 1. Mr. Sebastian Gavor: August 1-12, 2002 and for additional two days in July, 2002, the amount of US\$2,800.00 (Two Thousand Eight Hundred United States Dollars) for a period of 14 days.
- 2. Mr. Michael Mensah: July 22-August 12, 2002, the amount of US\$4,400.00 (Four Thousand Four Hundred United States Dollars) for a period of 22 days.

It is customary for the Bank to pay for the cost of their Airport and Airport Development Taxes in the amount of US\$80.00 (Eighty United States Dollars).

I have taken the liberty of preparing the payment requisition, which is hereto attached.

Kind regards.

CENTRAL BANK OF LIBERIA

P. O. BOX 2048 CAREY WARREN STREETS



PAYMENT REQUISITION

PAT TO.	Sebastian D. K. Gavor	DATE: August 10, 2	2002
AND	Michael Mensah	REQ.NO.: 043/08/2	2002
	Cllr. Sie-A-Nyene Yuoh/Corporate Secretar	y/CBL \	
ATTN: EX	ECUTIVE DIRECTOR/COMPTROLLER		
Please pay t	for the following goods and/or services per the attached	bill forwarded to the CENTRAL BANK OF	LIBERIA
	Payment represents CBL's obligation to Me Michael Mensah for services rendered as C Computerization Program.	essrs. Sebastian Gavor and Consultants to the Bank's	
	BREAKDOWN IS AS FOLLOWS:		
	Mr. Sebastian D.K. Gavor Professional Fee- US\$200.00 per day X 14 days		US\$2,800.00
	Michael Mensah Professional Fee- US\$200.00 per day X 22 days		US\$4,400.00
	Cllr. Sie-A-Nyene Yuoh		
	Airport tax and Airport Development Tax		US\$80.00
AMOUNT IN	WORDS: (United States Seven Thousand	nd Two Hundred Eighty Dollars	
	0 -	TOTAL	US\$7,280.00
SIGNED:	m?		
MANAGER/ADMINISTRATION OEXECUTIVE DIRECTOR/ADMINISTRATION			
	Approved:		
	DEPUTY GOVERNOR		
	FOR COMPTROLLER DEPARTMENT	DNLY	
DATE OF PAY	MENT:		
CHECK #			
TICKET #.			
ATTACHMENT			