



**SECTION C: EXCESS AMOUNT DUE FROM AUCTION / PRIVATE TREATY SALE**

8. Date of Closure of Account: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Settlement Unit's Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(N.B. Payment will not be made if current bills/receipts are not provided.)

**FOR NHT USE ONLY**

**SECTION D: BRANCH PERSONNEL**

Name of CSR: \_\_\_\_\_ Branch Office: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments / Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EBDA Form(s) duly completed and submitted?  Yes  No Comment: \_\_\_\_\_

**SECTION E: FINANCIAL REPORTING UNIT / GENERAL LEDGER UNIT**

	<u>Refundable Amount</u>	<u>Source (GL A/C#)</u>
	\$ _____	_____
	\$ _____	_____
<b>Total</b>	\$ _____	

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Make amount payable to:

1. \_\_\_\_\_,
2. \_\_\_\_\_ and
3. \_\_\_\_\_

- N.B.
- (a) Memo Pad must be updated.
  - (b) Payout amount over \$500,000 but under \$1,000,000 must be approved by the Manager, Financial Reporting Unit.
  - (c) Payout amount of over \$1,000,000 must be approved by the Assistant General Manager, Financial Reporting & Cost Management Department.