

*Polio*

218

**Ward Focal Supervisor Activity Card (WFSAC)**

**Level 3**

**OCTOBER 2017 SIPDs - NIGERIA**

<b>Immunization Plus Days (IPDs) Implementation Date:</b> .....				PLEASE AFFIX PHOTO HERE		
<b>STATE:</b>		<b>LGA:</b>			<b>WARD:</b>	
Name of Ward Focal Supervisor:		Signature of Ward Focal Supervisor:			<b>DISTRICT:</b>	
Your Own Mobile Phone Number:		Date of Birth:			Name of LGA Team Member:	
Personal Bank Account Number:		Name of Bank:		Signature of LGA Team Member:		
<b>Description of activity</b>	<b>Signature of LGA Team Member:</b>	<b>Description of activity</b>	<b>Signature of LGA Team Member:</b>			
IPDs day 1 @ N 1,300.00		IPDs day 5 @ N 1,300.00				
IPDs day 2 @ N 1,300.00		IPDs day 6 @ N 1,300.00				
IPDs day 3 @ N 1,300.00						
IPDs day 4 @ N 1,300.00						
		Transport allowance				
<b>This section for Bank use only:</b>						
Date of Disbursement: _____			Amount Disbursed: _____			
_____ Name of Paying Officer			_____ Signature of Paying Officer			
_____ Name of LGA Team Member			_____ Signature of LGA Team Member			
_____ Name of Payee			_____ Signature of Payee			