



REPUBLIC OF KENYA

**WEIGHTS AND MEASURES DEPARTMENT,  
P. O. BOX 41071,  
NAIROBI.**

*Ref. No.* .....

*DATE:* .....

**TO:** .....  
.....  
.....

**ACCOUNT FOR THE ASSIZE OF WEIGHING AND MEASURING APPLIANCES**

The fees shown hereunder are due for the assize carried out at .....  
during .....

It is requested that this account be settled before the end of this month, whereupon a  
**Certificate of Verification** will be issued.

.....  
**FOR: DIRECTOR OF WEIGHTS & MEASURES**

**DR. TO WEIGHTS AND MEASURES DEPARTMENT**

To charges for Hire of Roller Test Weights: -  
Tons ..... @Sh. .... per ton per day .....

To charges for cartage and carriage of standards .....

To charges for the use of the Weighbridge Testing Unit:- ..... hours  
@Sh. .... per hour .....

To fees for Assizing and Stamping .....

To Travelling Expenses: - Kilometres .....@ ..... per kilometre

**Miscellaneous:** - ..... \_\_\_\_\_

**Total Fees:** - ..... \_\_\_\_\_

**Less: Deposit paid** ..... \_\_\_\_\_

**TOTAL FEES DUE:** - (Shillings.....) Sh. \_\_\_\_\_

**E. & O.E.**

FOR OFFICIAL USE ONLY	Certificate of Verification No. .... Date ..... refers	Issued by: -
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