

PUBLIC FINANCIAL MANAGEMENT REFORMS WORKSHOP



Quick Projects Limited is pleased to announce our next open capacity improvement workshop “**PUBLIC FINANCIAL MANAGEMENT REFORMS WORKSHOP**” slated for 14th – 18th November 2016 in Abuja

OBJECTIVE:

To strengthen Public Financial Management at all levels of government, by ensuring efficient, effective, and accountable use of public resources as a basis for improved service delivery

WORKSHOP STRUCTURE

The workshop focuses on the following thematic areas that significantly contribute to effective public financial management

- **Results-oriented budget management.**
- **Strengthening internal control systems.**
- **Effective procurement management**
- **Strengthening external financial controls.**
- **Legislative oversight.**
- **Tax and Revenue Generation.**
- **Management Information System**
- **Interaction of institutions.**

Participants will enjoy a rich experience with a mix blend of capacity development approaches including focus group discussion, practical sessions and case studies

AUDIENCE:

This workshop targets development practitioners, senior civil servants and key decision makers at all levels of government including the executive, legislature and judiciary. Key officers responsible for policy making and implementation will find this workshop highly empowering as it equips participants with skills to understand, harness and apply optimal public financial decision for the benefit of the society

VENUE AND DATE

Date: 14th – 18th November 2016

Venue: Newton Park Hotel, Wuse II, Abuja

Time: 9:00 Daily

WORKSHOP FEE: =N= 180,000.00 (One Hundred and Eighty Thousand Naira only) Per Participant – (Group booking attracts discount)

The fee(s) for the workshop can be paid in cash, certified cheque, bank draft or payable to the account below

Account Name: Quick Projects Limited

Account Number: 1011858464

Bank: Zenith Bank Plc

Sort Code:057151229

FURTHER INFORMATION

Contact: for further information contact Shola Ojajuni

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Phone: 08023899385



NOMINATION FORM

COURSE TITLE: _____

DATE: _____

NOMINEE(S) PARTICULARS

S/N	NAMES	POSITION(S)	QUALIFICATION(S)

Name of Nominating Agency _____

Address _____

Contact Persons Phone Number(s) _____

Contact Email Address _____

Contact Persons Name and Signature _____

Date _____

Note: Please return the completed form to

Programme Coordinator
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