



<b>MODE OF PAYMENT</b>															
<input type="checkbox"/> Cash			<input type="checkbox"/> Credit Card			<input type="checkbox"/> Cheque no: _____									
<b>PAYEE DETAILS</b>															
NAME / COMPANY		:													
UNIT NUMBER		:													
CONTACT PERSON		:													
CONTACT NUMBER		: Mobile - _____			: Office - _____										
DATE		:													
<b>PAYEE DETAILS</b>															
Description :		Invoice Number								Total (RM)					
example: -		0)   S   T   -   0   0   0   1   2   3   4								1   2   3   4   5   6   .   0   0					
1)		-								.					
2)		-								.					
3)		-								.					
4)		-								.					
5)		-								.					
6)		-								.					
7)		-								.					
8)		-								.					
		Grand Total :													
<b>APPLICANT SIGNATURE</b>															
NAME :		Signature				:				Date		:			
<b>JAYA ONE MANAGEMENT OFFICE (FOR OFFICE USE ONLY)</b>															
KEY IN BY		:			CHECKED BY			:			POSTED BY		:		
DATE		:			DATE			:			DATE		:		



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1)		-								.					
2)		-								.					
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4)		-								.					
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DATE		:			DATE			:			DATE		:		