



MODE OF PAYMENT		
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque no: _____
PAYEE DETAILS		
NAME / COMPANY :		
UNIT NUMBER :		
CONTACT PERSON :		
CONTACT NUMBER : Mobile - _____ Office - _____		
DATE :		
PAYEE DETAILS		
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 :		.
APPLICANT SIGNATURE		
NAME :	Signature :	Date :
JAYA ONE MANAGEMENT OFFICE (FOR OFFICE USE ONLY)		
KEY IN BY :	CHECKED BY :	POSTED BY :
DATE :	DATE :	DATE :



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