



| | | |
|---|--------------------------------------|---|
| 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 : | | Date : |
| Signature : | | |
| JAYA ONE MANAGEMENT OFFICE (FOR OFFICE USE ONLY) | | |
| KEY IN BY : | CHECKED BY : | POSTED BY : |
| DATE : | DATE : | DATE : |



| | | |
|---|--------------------------------------|---|
| 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 : | | Date : |
| Signature : | | |
| JAYA ONE MANAGEMENT OFFICE (FOR OFFICE USE ONLY) | | |
| KEY IN BY : | CHECKED BY : | POSTED BY : |
| DATE : | DATE : | DATE : |