



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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