EBC Health Establishment

GENERAL PURCHASE - PURCHASE & SERVICE ORDER FORM

PAYMENT BY CASH _____ PAYMENT BY CHEQUE _____ ( )

ORDER NO - _____ **DATE ORDER SUMBITTED: _____/_____/_____**

Note: Orders are accepted for PAYMENT ONLY if signed & stamped by the Health Secretary

Name of item/ Good	QTY	COMMENTS - DEFAULT	Request Job

Authorized & Stamped by: _____
Japalis Kaiok
EBC Church Health Secretary

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