UGANDA CHRISTIAN UNIVERSITY, P.O. BOX 4, MUKONO

.

PETTY CASH VOUCHER NO. :

Department _____

Please Pay/Refund _____

Shs _____ In Words _____

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PARTICULARS	AMOUNT
TOTAL	

Approved By
(Head Of Department) _____ Signature _____

Date _____

Received By _____ Signature _____

Date _____

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