

IMPREST RECEIPT FORM		
	Date:	, 20
RECEIVED from		Imprest Account
the sum of	dollars	cents
for		
\/AUTH	ORITY	
	Signature:	
Witness to mark of pay	ee where necessary:	
<u>\$:</u>		

BIOSECURITY AUTHORITY FIJI
PREST RECEIPT

IMPREST RECEIPT FORM		
	Date:	, 20
RECEIVED from		_ Imprest Account
	dollars	
\(\AU	Signature:	
Witness to ma	ark of payee where necessary:	
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