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Serial No.	INTERNAL REQUISITION		
То			
Please authorise the issu	ance/Payment as detailed below:-		
LPO	Authority to Incur E	Authority to Incur Expenditure	
Expenditure Refun	nd		
Description	n	Amount	
	TOTAL		
Requested by:	Sign:	Date	
Verifed by:	Sign:	Date	
Approved by:	Sign: [Date	
Payment details:			
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