

DEBIT NOTE

Name

.....

USE BLOCK LETTERS -- SURNAME LAST

Address

.....

.....

Issuing Department	Vote or revenue item	Amount due
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Detach

RETURN THIS PART WITH YOUR PAYMENT

Detach

Here

RETAIN THIS PART

Date	Particulars of debit charge	Amount	
		K	t
This debit note must be paid within 14 days from the issue date.		Amount Due	
Send or take payment to:			
.....			

Issued by:.....

Designation:.....

PAPUA NEW GUINEA
CREDIT NOTE

No.
Date:

From: The Secretary
 Department of.....

I hereby authorise the grant of credit as shown below.

Debit Note No.	Person to whom granted	Reasons for grant of credit	Amount	
			K	t

(Signature).....

Secretary
Department of.....