

LOCAL AECG

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| ACQUITTAL OF PETTY CASH FUNDS | | | | | | | | | | | | |
| LOCAL AECG | | |  | | | | | | | | | |
| PRESIDENT NAME | | |  | | | | TREASURER NAME | | |  | | |
| CONTACT NUMBER | | |  | | | | CONTACT NUMBER | | |  | | |
| DATE | DESCRIPTION | AMOUNT | | | TRAVEL | STATIONERY | | POSTAGE | PHOTOCOPY | | OTHER | TOTAL |
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| TOTALS | |  | |  | |  | |  |  | |  |  |

**Checklist** Receipts attached: □ Minutes attached: □ Endorsed: □ President’s Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_