

RECEIPT

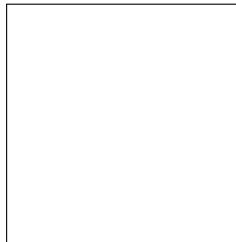
No: _____

Date: _____

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From: _____ To: _____

Received By: _____

Signature: _____