



MANUAL STAFF RECONCILIATION REPORT

PUSTAKA NEGERI SARAWAK

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NO	MEMBERSHIP ID	COLLECTION DETAILS	AMOUNT
TOTAL			

Handed over by Counter Staff: _____ Signature				Received by Officer In-Charge : _____ Signature			
Name	:			Name	:		
Date	:	Amount	:	Date	:	Amount	:
Received by Account Department: _____ Signature							
Name	:			Date	:	Amount :	

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