

how

REQUISITION SHEET

NAME: Zoltan L. Horvath

DEPARTMENT: HR

PHONE:

DATE: 31 JAN 2025

[illegible]

Authorization Signature

Receiver Signature

**Tel: 07062748259
08034491519.**

INVOICE

№ 000064

Date	Month	Year
17	01	2025

	DESCRIPTION OF GOODS	RATE	AMOUNT	
			#	R
2	Mr Sheen	2500	5000	
	floo- Cleaner	1500	1500	
	mop	3500	3500	
	Kitchen towel	11500	11500	
	Rose tissue	8800	8800	
	Hand Sanitizer	3000	3000	
2	Bin bag	1200	2400	
	Heptic Big	3800	3800	
2	Big Swiss Air freshener	1200	2400	
und of Money after payment			TOTAL N	41,900

*und of Money after payment
for your patronage, please call again*

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