## COCOA HEALTH & EXTENSION DIVISION (CH&ED)

P. O. BOX 3197

	ACCRA		4			
	.*		DEP	Т:		
		* s	DAT	E:	*****************************	
	REQUE	ST FOR PI	ETTY CASH	a as	н <b>с</b>	
CASHIER	£	2 × 5				
Please give to:		^				
Sum of:			*	dis	Pesewas	
The purpose of the unde	er mentioned:-				*	
NO.	DESCI	RIPTION			AMOUNT (GH¢)	
		s <sup>2</sup>	٠			
		N (1)				
				·		
	·	×				
	ТО	TAL	9			
100						