## Form NML/ACC/008 Revision 04-12/01

APPROVED BY

## TRANSFER BILL

NAME & ID	: : :		JOB/BR. LOCATION COST CENTRE &	DATA:  JOB/BR. LOCATION  COST CENTRE & ID:  DISTANCE IN KM	
DEPA	ARE	ARRIVAL		<del> </del>	
DATE FROM		DATE	то	MODE OF TRAVEL	AMOUNT
IN WORDS:					

CHECKED BY

SUBMITTED BY