LANGUAGE TEACHERS' ASSOCIATION OF ZAMBIA



(LATAZ)

Payment

Voucher		
Date:	 	
Ref No:	 	

Amount: ZMW				
Mode of payment				
Cash/Bank/Cheque No:				
To whom:				
Amount in words:				
Being:	Payee:			
Downward Day				
Prepared By:Approved By:				
Signature: Signature:				