

HARMAYA UNIVERSITY

To: Printing and duplication service

From

Name

Position

Signature

Department

Please process the following service and change our budget ----- indicated by
"X" 1. General -----fund 3. Research fund ----- 2. Special fund
specify 4 other specify.

No of sheets cost sheet

Total

1. Mimeograph ----- 0.05 -----

2. Mime graph (ink only) -----X. 0.3 -----

3. Photo copy ----- X. 0.50 -----

4. Electron stencils ----- X0.35 -----

Approved by -----

Signature of prt. . Dup see head S

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