

PAPUA NEW GUINEA

No.....

# COLLECTOR'S STATEMENT

Statement of Collections by.....(Dept) at .....(Station)

For the period from ..... to .....and paid to .....

on .....20.....

RECEIPT NO.	HEAD / VOTE NO.	AMOUNT		Total of Revenue, Trust or Expenditure Receipt	
		K	t	K	t
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We certify that the amounts as set out in this Statement have been checked with Receipts numbered .....to..... or other relative records that they represent all Collections by this Office for the period stated.

.....Collector

.....Checking Officer

Date.....