



INTEGRATED MANAGEMENT SYSTEM

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STORE LEDGER

Description.....Model.....Section.....

Accounting Unit.....Part No.....Location

Maximum.....Minimum

R & I/IV No. & Date	P.O. No. &Date	Received From/Issued to	QTY. RECEIVED			QTY. ISSUED			BALANCE			Head of Account/ Name of Scheme			UNIT COST		TOTAL COST		BALA NCE		Signature	
			Ser.	Rep.	U/S	Ser.	Rep.	U/S	Ser.	Rep.	U/S				Tk.	Ps.	Tk.	Ps.	Tk.	Ps.		

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