SPECIMEN SIGNATURES OF OFFICIALS AUTHORISED TO RECEIVE GOODS (LTSM & LOCAL PURCHASES) ON BEHALF OF THE SCHOOL

Name of school: .....

EMIS no.: .....

DETAILS OF OFFICIALS AUTHORISED TO RECEIVE LTSM DELIVERED AT THE SCHOOL DURING 2024/25:

Surname & first name(s): .....

.....

Designation: .....

PERSAL number: .....

Signature: .....

Surname & first name(s): .....

.....

Designation: .....

PERSAL number: .....

Signature: .....

Surname & first name(s): .....

.....

Designation: .....

PERSAL number: .....

Signature: .....

<u>The information is certified as correct</u>

Payments should be made only in respect of invoices CERTIFIED by the principal or one of the above authorised officials.

....

Signature of Principal **Date**

....

Name **PERSAL no.**

School stamp