

GENERAL LEDGER JOURNAL

DEPARTMENT

DATE

DESCRIPTION	COST CENTRE	ACCOUNT CODE	AMOUNT
-------------	-------------	--------------	--------

DEBIT GLA

CREDIT GLA

MCD	2 1 9 0	4 0 0 4 1	

MOTIVATION:

REQUESTED:

SIGNATURE

DEPARTMENT

DATE

PRINT NAME

AUTHORISED

DEAN/DIRECTOR/HOD

DATE

PRINT NAME

FOR OFFICE USE

THE CREDIT CONTROLLER MUST APPROVE BEFORE SUBMITTING TO MCD

APPROVED

ENTERED

DATE:

ACCOUNTANT

DATE

JNL NR: