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| **วัน เดือน ปี** | | | | | **รายละเอียดค่าใช้จ่าย** | | | | | | | | | | | **จำนวนเงิน** | | | | | | **หมายเหตุ** |
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| จำนวนเงิน (ตัวอักษร) | | | | | | | | |  | | | | | | | | | | | | | |
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| จากผู้รับได้และข้าพเจ้าได้จ่ายไปในงานของราชการโดยแท้ | | | | | | | | | | | | | | | | | | | | | | |
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