

DEPARTMENT OF PUBLIC WORKS

ROUTE FORM FOR WIMS CENTRE BATCHES

(for completion by District Office)

TO : REGIONAL OFFICE _____

ATTENTION : Ms/Mr. _____ VOUCHER CONTROL SECTION

1. Herewith are WIMS Batches for CUT-OFF _____ (insert cut off date)
for reconciliation with BAS.

Batch No.	Batched by (Please Print Name)	Signature of Batching Official

Herewith are WIMS Batches, referred to in (1) above, received for
_____ District Office.

SIGNATURE _____ DATE _____

_____ DISTRICT OFFICE

2. (for completion by _____ Regional Office

TO : _____ DISTRICT OFFICE

WIMS Batches as listed in (1) above received

SIGNATURE _____ DATE _____

_____ REGIONAL OFFICE