



Expense Claim Form

Please USE BLOCK LETTERS to fill in the relevant information...

Claimer Name:			
Department:		Purposes of expense:	
Claim For The Period:	From		To

This form should be completed and sent to payments for accounting capturing.

Details of Expense Claims							
Date	Receipt No	Description	Site	Lodging	Meals & Others	Total	Approved by
Total of Expenses							
(Less Advances)							
Total owed to you							
Total due by you							

Invoices and receipts must be attached to this expense claim form

Claimer sign	Date
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Authorised By	Date
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Expense Analysis	Code	Code
Equipment / Repairs/ Purchases for Sites		Telephone, Airtime, Data
Motor Vehicle Expenses-Sundry		Parking, Fares, Tolls, Taxis
Motor Vehicle Expenses-Pool Car		Travel - Overseas (Hotels, etc)
Travel - Local (Hotels, meals, etc)		Stationery & Postage