

EXPENSE CLAIM FORM

NAME:			Date:		
5 .	lv 1 0 0 5 5 6 (t)	. / /			
Date	Vendor & Reason For Expense (Use)	Account (office	Amount (before	CCT	Total Books
		Use)	GST)	GST	Total Receipt
			-		
TOTALS		-	-	-	
Submitted by:			Authorized by:		
Sabinition by.	(please sign)				

Please staple original receipts to Expense Claim Form Thank You!