



Expense Claim Form

Claimed by: _____ (Full Name)

_____ (Address)

_____ (Address)

Purpose of expense: _____

Have you received approval for this expense? Yes / No

If Yes, who approved this expense _____

Date	Description	Expense Account	Amount

To process your claim quickly please ensure that :

- you have pre authorization for your expense.
- you attach your original receipt/tax invoice (copies not accepted).
- you do not supply your EFT transaction only.
- this document is completed thoroughly.

Subtotal	
Less cash advanced	
Total owed to you	
Total due	

Signature: _____

Date: ____/____/____

Approved by: _____

Date: ____/____/____

Name : _____

Office use only:

Date Paid: ____/____/____ Amount Paid: \$_____ Method: Cash / Cheque / EFT

If Cash, recipient to sign here to confirm receipt of cash. _____

Paid by: _____

Reference No: _____