


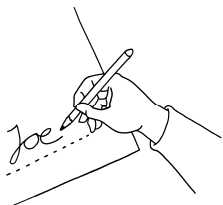






# STAFF EXPENSES CLAIM FORM

Name: \_\_\_\_\_

Date: 	What you spent money on: 	How much: 	Class	Account
TOTAL				



Line Manager's Signature: \_\_\_\_\_

I have received this money (cash  /cheque )

Signed: \_\_\_\_\_