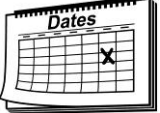


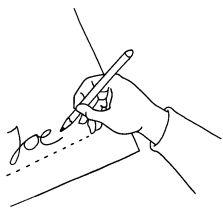






STAFF EXPENSES CLAIM FORM

Name: _____

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



Line Manager's Signature: _____

I have received this money (cash  /cheque )

Signed: _____