

EXPENSE CLAIM SHEET

CLAIMANT DETAILS:

Employee Name :
 Employee No. :
 Month Claimed :

EXPENSE DETAILS

NO	DESCRIPTION	UNIT	QTY	TOTAL
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
				R0.00
			Sub total >	R0.00

SAMPLE
PAGE
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Expense Claim Notes

Approved By (Line Manager Name)

Signature of Line Manager