



Statement of Claim

Note: For dates please use the format DD/MM/YYYY. Please attach all receipts to this claim. Failure to do so may result in delay or refusal of payment.

Date:	Recipient:		
Charge To:		Receipt Attached:	Yes No
For:		Amount:	

Date:	Recipient:		
Charge To:		Receipt Attached:	Yes No
For:		Amount:	

Date:	Recipient:		
Charge To:		Receipt Attached:	Yes No
For:		Amount:	

Date:	Recipient:		
Charge To:		Receipt Attached:	Yes No
For:		Amount:	

Date:	Recipient:		
Charge To:		Receipt Attached:	Yes No
For:		Amount:	

Date:	Recipient:		
Charge To:		Receipt Attached:	Yes No
For:		Amount:	
		Total Submitted:	

Date Submitted:	Date Paid:
Date Received:	Received By:
Authorized By:	Cheque Number: