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:**