**EXPENSES CLAIM FORM**

Department:………………………………. Date:……………………….

Name:……………………………………... Budget:…………………….

**Approved by Line Manager**

Name: ……………………………… Signature:……………………………….....

**Approved by Head of Department**

Name: ……………………………… Signature:…………………………………..

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| Product Code | Description of Item | Quantity | Price Each | Total |
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 **Total:……………..**

**Claimant**

Signature:……………………………….....

**Finance Department**

Signature:…………………………………. Date:………………