



**CAYMAN ISLANDS GOVERNMENT
CREDIT CARD EXPENSE CLAIM FORM**

PERSONAL INFO	Name:					
	Post:					
	Destination or Purchase:					
	Purpose:					
	Travel or Purchase Date:					
	Travel or Purchase Date:					
DETAILS OF TRANSACTIONS	Date (DD/MM/YY)	Supplier and Description of Transaction	Currency	Exchange Rate	CI\$ Equivalent	Disputed Items
TOTAL						
DECLARATION	All transactions listed relate to expenditure incurred in the course of Government Business and is in accordance with the terms and conditions of use of the card.					
	Name of Cardholder: _____					
	Cardholder Signature: _____					
	Signed the _____ day of _____ of 20_____					
OFFICIAL USE ONLY	I have reviewed the above for accuracy and completeness.					
	Name _____		Signature _____		Date _____	
OFFICIAL USE ONLY	Approved By: _____					
	Name _____		Signature _____		Date _____	