



PremiumTrust
Bank

EXPENSE CLAIM FORM

DATE:

EMPLOYEE NAME:

EMPLOYEE ACCOUNT NUMBER:

DEPT / BRANCH (NAME & CODE):

SIGNATURE:

SUPERVISOR:

REASON FOR CLAIM:

.....

S/N	DESCRIPTION	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
	TOTAL	
	TOTAL EXPENSE	
	TOTAL EXPENSE TO REIMBURSE	

****ATTACH INVOICES**

AMOUNT IN WORDS:.....

.....

APPROVALS

REQUESTERS GROUP HEAD

SIGNATURE:.....

CONCURRENCE (depending on approval limit)

LINE ED / COO.....

SIGNATURE.....

FINANCE.....

SIGNATURE:.....

MD / CEO.....

SIGNATURE.....