

Staff Name : _____

Company : _____

Div/Dept/Proj/
Location _____:

Designation : _____

Emp. No. _____ :

Month/Year : _____

Claimed by :	Concurred by : (Immediate Superior)	Approved by : (Head of Div./Dept.)	Verified for payment by : (Group Human Capital Division)	<p>Note :</p> <ul style="list-style-type: none"> (i) All claims must be supported by original receipts and / or bills and submitted to GHCD to verify rates, entitlement and record medical claims (where applicable only). (ii) For subsistence allowance, the claimant should be away from base latest by 7.00 am and arrive the base earliest by 7.00 pm to be entitled for breakfast and dinner claims. (iii) If staff was staying in a hotel and breakfast was included in the package, automatically staff is not entitled to claim the quantum of breakfast rate. (iv) In the case of twin sharing, only one staff is allowed to submit the accommodation claim. (v) Claims for expenses incurred more than 3 months will not be entertained. The 3 months will be counted from the date of the receipt(s) or travelling date(s). (vi) The final amounts payable to staff for claim related to staff benefits are subject to GHCD's review and verification.
<p>Name:</p> <p>Date:</p>	<p>Name:</p> <p>Date:</p>	<p>Name:</p> <p>Date:</p>	<p>Name:</p> <p>Date:</p>	

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