



EXPENSE CLAIM FORM

**3- ACCOMMODATION - MEALS (per day necessarily).**

Departure		Return		Accomodation	Amount	Meals	Amount	Total Amount
Date	Hour	Date	Hour	(Hotel + City)		(Hotel + City)		
								R -
								R -
								R -
								R -
								R -
								R -
								R -
								R -
								R -
								R -
TOTAL ACCOMMODATION - MEALS EXPENSES					R -		R -	R -

Total Travel + General + Accommodation + Meals		R	-
--	--	---	---

TRAVEL REASONS	DESCRIPTION	GENERAL COMMENTS

AMOUNT DUE TO THE EMPLOYEE APPROVED	

Manager Full Name		Macrocomm Company	
Designation		Business Unit	
Approved Date		Signature	
Amount Approved		Amounts(s) Not Approved & Reasons - note below	

FINANCE - OFFICE USE

Financial Manager Name		All receipts received and accepted	Yes	No
Date of Payment to Employee		If no - why, noted below		