



CHRISTIAN HEALTH ASSOCIATION OF KENYA

CLAIM FOR EXPENSES

Claim No: CHAK-2025-3F80DDE0

Name: Dr. Chrisostim Barasa

Date From: 2025-11-13T21:00:00.000Z **To:**

Nature of Meeting: Production test

Mobile No: 0718601536

EXPENSES

1. Travel Claim

a) Motor Vehicle

Travel from to

Kms Covered (to & fro): $0 \times 2 @ 0 = \text{Ksh. 0}$

2. Meeting Cost: Ksh. 0

3. Night Out Allowance: $0 \text{ day(s)} \times 6,000 = \text{Ksh. 0}$

4. Quarterly Airtime Allowance: Ksh. 0

Period: to

TOTAL CLAIM: Kshs 0

I certify that the details given above are true and no other claims have been or will be made for these expenses.

Received by:

Date:

Signature:

Checked by:

Date:

Signature:

Approved by:

Date:

Signature:

Paid by:

Date: