



## CHRISTIAN HEALTH ASSOCIATION OF KENYA

### **CLAIM FOR EXPENSES**

**Claim No:** CHAK-2025-CEE6DCC1

**Name:** Murray

**Date From:** To:

**Nature of Meeting:**

**Mobile No:** 0718601536

#### **EXPENSES**

##### **1. Travel Claim**

a) Motor Vehicle

Travel from to

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

**2. Meeting Cost:** Ksh. 0

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

**4. Quarterly Airtime Allowance:** Ksh. 0

Period: to

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**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: .....