### CLAIM FORM

Month: \_\_\_\_\_\_\_\_\_October 2018\_\_\_\_\_\_\_\_\_\_\_\_

Name : Pham Hoang Linh. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Description** | **Meals ($)** | **Transport ($)** | **Medical ($)** | **Others ($)** | **Sub-Total ($)** |
| 21/10/2018 | Taxi transport |  | 17.20 |  |  |  |
| 21/10/2018 | Taxi transport |  | 17 |  |  |  |
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| **TOTAL ($)** | | | | | | **34.20** |

**Client Company: Please complete this section**

The signature approval contained here under certifies that the expenses quoted are correct and that payment will be made within the specified terms. It is agreed that the Client will not entrust KELLY SERVICES employees with responsibilities such as handling cash, negotiable or other valuables without written permission of KELLY SERVICES, which will only be granted if an employee's specific duties necessitate such. Signature here authorizes us to process expenses without requiring original copies of receipts on the basis that Expenses have been certified and agreed with the Client.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_05/11/2018\_\_\_\_\_\_

Approving Manager’s Name/ Signature Date / Company’s Stamp

***Please note that company stamp is required.***