



EXPENSE REIMBURSEMENT CLAIM

Dated: _____

To:
The GM/DGM
Head Office

Dear Sir,

I request you to kindly reimburse me Ksh_____ towardsexpenses
for the month(s) of _____ as per details furnished and credit my account/card
account_____

Description	Bill Details	Amount(Ksh)

Name	
Designation	
Department/Branch	
Signature	

For Office use only

Approval: Expenditure of Ksh_____ approved.

Signature	
Date	

Payment details:

Ksh_____ paid on _____ credited to a/c. _____

Debited to Exp account no. _____ at _____ branch.

Entered by:	Posted by:	Date :
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