



REV.:
ISSUE:

REV.: 01
15/09/2021

EXPENSES CLAIM FORM

Name (Last + First) :				Employer : Ponticelli				Payroll N° :			
#	Date	Fares	Fuel	Car Exp.	Meals	Hotel	Other Expenses	Expenses Total	Details	Cost Code (WBS)	Location
1											
2											
3											
4											
5											
6											
7											
8											
9											
Totals:									<p>Important Notes : Receipts must be attached, failure to do so may result in delayed or non-payment All travels are based on railfare unless previously agreed Expense must be submitted within 1 month or may not be processed.</p>		
Employee Signature :						Date:					
For PBS (Name+Signature) :						Date:					
For Employing Company (Name+Signature) :						Date:					