



REV.:  
ISSUE:

REV.: 01  
15/09/2021

## EXPENSES CLAIM FORM

<b>Name (Last + First) :</b>			<b>Employer : Ponticelli</b>					<b>Payroll N° :</b>			
#	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:											
Employee Signature :						Date:					
For PBS (Name+Signature) :						Date:					
For Employing Company (Name+Signature) :						Date:					
<p><b>Important Notes :</b>            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>											