



**CAYMAN ISLANDS GOVERNMENT
CREDIT CARD EXPENSE CLAIM FORM**

PERSONAL INFO	Name:		Deborah Bodden						
	Title		Head of Department						
	Destination or Purchase:		GCM						
	Purpose:		Monthly billing – Government issued credit card						
	Travel or Purchase Date:		MAY 2020						
	Travel or Purchase Date:								
DETAILS OF TRANSACTIONS	Date (DD/MMM/YY)	Supplier and Description of Transaction	Foreign Amount	Exchange Rate	CI\$ Equivalent	Type of Expense			
	23/MAY/20	UNIREGISTRY – DOMAIN NAME REGISTRATION; CC	39.88	0.8375	33.40	Official			
	03/JUN/20	<i>Purchase finance charge</i>	28.05	0.8375	23.52	Official			
	TOTAL					56.92			
DECLARATION	All transactions listed relate to expenditure incurred in the course of Government Business and is in accordance with the terms and conditions of use of the card.								
	Name of Cardholder: DEBORAH S BODDEN								
OFFICIAL USE ONLY	Cardholder Signature: _____								
	Signed the _____ day of _____ 20_____								
I have reviewed the above for accuracy and completeness.									
<table style="width:100%; border:none;"> <tr> <td style="border:none; width:50%; border-bottom: 1px solid black;">Name</td> <td style="border:none; width:30%; border-bottom: 1px solid black;">Signature</td> <td style="border:none; width:20%; border-bottom: 1px solid black;">Date</td> </tr> </table>							Name	Signature	Date
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Approved By:									
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