



**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:		JULY 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	
	No Claims						
	TOTAL						
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						
	Cardholder Signature: _____						
Signed the _____ day of _____ 20_____							
OFFICIAL USE ONLY	I have reviewed the above for accuracy and completeness.						
	Name _____		Signature _____		Date _____		
	Approved By:						
	Name _____		Signature _____		Date _____		