



**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:		AUGUST 2020			
	Travel or Purchase Date:					
DETAILS OF TRANSACTIONS	Date (DD/MM/YY)	Supplier and Description of Transaction	Foreign Amount	Exchange Rate	CI\$ Equivalent	Type of Expense
						Official
		No Claims				Official
	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: _____					
OFFICIAL USE ONLY	Signed the _____ day of _____ 20_____					
	I have reviewed the above for accuracy and completeness.					
	Name _____		Signature _____		Date _____	
OFFICIAL USE ONLY	Approved By:					
	Name _____		Signature _____		Date _____	