



**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:		SEPTEMBER 2020			
	Travel or Purchase Date:					
DETAILS OF TRANSACTIONS	Date (DD/MMM/YY)	Supplier and Description of Transaction	Foreign Amount USD	Exchange Rate	CI\$ Equivalent	Type of Expense
	21/SEP/20	Bluestone Lane; ACC Chair & DPP meeting	82.66	0.8375	69.23	Official
	22/SEP 20	Grand Old House; ACC chair & CO meeting	130.81	0.8375	109.55	Official
	24/SEP/20	Kirk Market; Office consumables – sanitizing needs	14.39	0.8375	12.05	Official
	29/SEP20	Bluestone Lane; CC Chair meeting	12.23	0.8375	10.24	Official
	09/OCT/20	Sound Cloud; website support services	64.06	0.8375	53.65	Official
	16/OCT/20	Kirk Market; Office consumables – sanitizing needs	135.00	0.8375	113.06	Official
	TOTAL					367.78
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: <u><i>Deborah Bodden</i></u> Signed the <u>18</u> day of <u>October</u> 20 <u>20</u>					
OFFICIAL USE ONLY	I have reviewed the above for accuracy and completeness.					
	Name _____		Signature _____		Date _____	
Approved By:						
Name _____		Signature _____		Date _____		