



**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:		NOVEMBER 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
	06/NOV/20	Mise-en-Place; Dietary needs – CSPL meeting			10.25	Official
	TOTAL					10.25
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>DBodden</u> Signed the <u>3rd</u> day of <u>December</u> <u>2020</u>					
OFFICIAL USE ONLY	I have reviewed the above for accuracy and completeness.					
	Name		Signature		Date	
Approved By:						
Name		Signature		Date		