



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

<b>PERSONAL INFO</b>	Name:		Deborah Bodden			
	Title		Head of Department			
	Destination or Purchase:		GCM			
	Purpose:		Monthly billing – Government issued credit card			
	Travel or Purchase Date:		JUNE 2020			
	Travel or Purchase Date:					
<b>DETAILS OF TRANSACTIONS</b>	Date (DD/MM/YY)	Supplier and Description of Transaction	Foreign Amount	Exchange Rate	CI\$ Equivalent	Type of Expense
		<b>No Claims</b>				
<b>TOTAL</b>						
<b>DECLARATION</b>	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_____						
<b>OFFICIAL USE ONLY</b>	I have reviewed the above for accuracy and completeness.					
	Name _____		Signature _____		Date _____	
	Approved By:					
Name _____		Signature _____		Date _____		