

Ref. Batch MAR 2020 -220411 -006-CC



**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:		FEBUARY 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/FEB/20	Kirk Market; ACC meeting; 06FEB20	62.90	0.8375	52.68	Official
	09/FEB/20	Uniregistry; Domain name registration CSAC	39.88	0.8375	33.40	Official
	03/FEB/20	<i>Purchase Finance Charge</i>	25.26	0.8375	21.15	Official
	TOTAL					107.23
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		