



Expense Claim Form - Client Expenses

NAME: _____

CLIENT: _____

	Date	Expense description	Expense amount	Exchange rate	Claimed amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
Total claim value in contract currency:					0.00

Receipts and other supporting documentation must be provided with this form according to the client's requirements. Claims will not be paid unless they are clearly authorised by the client.

Claim date: _____
 Employee signature: _____

Authorised by: _____
 Client signature: _____

Please e-mail to info@sigma-cs.com