GRIFFITH AIKIDO

MONTH/ YEAR: ……

REIMBURSEMENT CLAIM FORM

NAME: ……
(Claimant/ payee)

DATE	DESCRIPTION (indicate Dojo L/N/S or % applicable)	AMOUNT $	C.
	TOTAL AMOUNT CLAIMED	**$**	

I CERTIFY THAT THE ABOVE EXPENSES WERE NECESSARILY INCURRED BY MYSELF ON BEHALF OF GRIFFITH AIKIDO AND REPRESENT ACTUAL OUTLAYS OF CASH I HAVE MADE.

..... CLAIMANT/ PAYEE

AUTHORISED FOR PAYMENT..... DATE: .....
(BY ANOTHER EXECUTIVE MEMBER)

PAID BY CHEQUE NUMBER …… DATE: …….

CHEQUE SIGNATORY (PRIME) ……

Please ensure original dockets are attached (pinned to this claim) for all above items.

Macintosh HD:Users:danny:Documents:Microsoft User Data:Saved Attachments:Expense Claim reimbursement_092005.DOC Created on 8/9/05 4:42 PM