

								TOTAL	
								KMS	
									\$
									\$
								TOTAL	\$
								DUE	

Signature of claimant _____

Date _____ (dd/mm/yy)

Name of claimant (please print)

SECTION 3 - ACCOUNT TO BE CHARGED

Business Unit _____ Project/grant _____ Account _____

SECTION 4 - APPROVAL

I certify that the above allowance is payable for the reason stated and that the claim has been correctly calculated.

Name (please print) _____ Signature of Approved Delegate (See HR Delegations) _____

In approving this payment I confirm that I am an Approved Delegate and funds are available.

Telephone _____ Date (dd/mm/yy) _____

