



VENDOR'S CLAIM FORM

APPLICANT'S INFORMATION

NAME			
STAFF NO.		DEPARTMENT	
APPLICATION DATE			

DETAILS OF PAYMENT

PAYABLE TO	
PURPOSE OF PAYMENT	

SUPPORTING DOCUMENT **AMOUNT**

INVOICE		
OTHERS		
TOTAL AMOUNT		

TO BE COMPLETED BY APPLICANT **VERIFIED BY MANAGER**

NAME :	NAME :
DATE :	DATE :

APPROVAL BY COO/DCOO **ACKNOWLEDGEMENT**

<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Reason (if any):	
NAME :	NAME :
DATE :	DATE :

FOR ACCOUNTING DEPARTMENT USE ONLY

CODE	ACCOUNT DESCRIPTION	BUDGET	APPROVED	BALANCE

SIGNATURE & DATE :