

G Expense Claim

| CUSTOMER DETAILS | | |
|--|-----------------|--|
| NAME: | ACCOUNT NAME: | |
| SORT CODE: | ACCOUNT NUMBER: | |
| PLEASE PROVIDE BANK DETAILS AT FIRST SUBMISSION OR IE THEY CHANGE. | | |

| DATE | ITEM | DESCRIPTION | AMOUNT | QTY | TOTAL AMOUNT |
|------|------|-------------|--------|-----|--------------|
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TOTAL:

| SIGNATURE I VERIFY THAT ALL EXPENSES ARE CLAIMED IN ACCORDANCE | DATE: CE WITH COMPANY POLICY |
|---|---------------------------------|
| ASPIRE'S SIGNATURE | DATE: |
| NOTES | |
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