

Reg No: 2015 / 358866 / 08

EXPE	NSE / REIMBURS	SEMENT C	CLAIM FORM	
Personal Details:				
Name:	Hein Otto			
Contact No / Email address:	heino@cglcusa.co.za	a		
Claim Details:				
Total Amount Claimed:	R599.00	_		
Expense / Reimbursement Pre-Approve	ed by:			
Type of Claim:				
Cellphone Expenses			Reimbursement	
Entertainment Expen	ses	Х	Training	
Meeting Expenses		Х	Travelling Expenses	
Note:			Other	
Pre-season PC training course.				
Please complete page 2 of	this form and add an	y other docur	nentation and calculations if rec	quired.
(See <u>/</u>	Appendix A for a list	of minimun	n requirements.)	
Signature:	25/10/2022		This claim form is to be submitted to the finance Finance department. Either by hand, e-mail to heino@cglcusa.co.za or via Whats-App to 0824432236.	
Date of Claim:				
Final approval by:	Name:		Signature	
	Title:		Date	
	Name:		Signature	
Final approval by:	Title:		_	
				_
For Office Use:				
Data said /	/ 20			
Date paid: /	, 20			Dans 1 - CO
				Page 1 of 2

## **CLAIM DETAILS AND CALCULATIONS**

Training or Other Services provided:
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Date(s)	Person providing training or other service	Training course description or details of other services provided	Amount
F /40 /2022			500.00
5/10/2022	Hein Otto	Pre-season course (Aug 2022)	500.00
		2hrs x R 250/h	
		Total claimed:	500.00
Fravelling Details	<u>:</u>		
Date	Locations	Reason for Travelling	Total Km's
15/10/2022	Wanderers Stadium	Training	30
		Total Km's:	30
3.30		x R 3.30 per Km:	
		Total Travelling expenses:	99.00
Cellphone Details	<u>::</u>		
Date / Time	Person / Entity phoned	Reason for Call	Call Duration (min)
		Total Time:	
x R 1.00 per minute			
		Total Cellphone expenses:	
Other expenses /	claims		
	Amount		
	Full Description		

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599.00

TOTAL CLAIM: