



PROFESSIONAL EDUCATORS' UNION

CLAIM FORM

NAME OF CLAIMANT					
CLAIMANT'S PORTFOLIO					
PHYSICAL ADDRESS					
		POSTAL CODE:			
TELEPHONE:		CELL PHONE:			
BRANCH	DISTRICT	PROVINCE	NEC		
A. CLAIM FOR EXPENSES ACCOMPANIED BY RECEIPTS					
<i>Date of Claim</i>	<i>Services rendered/provided</i>				<i>Amount</i>
B. CLAIM FOR TRAVELLING EXPENSES					
<i>Date of Trip</i>	<i>Place of Departure</i>	<i>Place of Arrival</i>	<i>Distance</i>	<i>Reason/Purpose of the trip</i>	
C. SUMMARY OF EXPENSES – FOR OFFICE USE					
				<i>Cost Centre</i>	<i>Amount</i>
<i>1. Services</i>					
<i>2. Travelling</i>					
<i>Date of Trip</i>	<i>Reason/Purpose of The Trip</i>				
GRAND TOTAL					
D. AUTHORISATION					
<i>Cheque Number</i>		<i>Name</i>	<i>Signature</i>	<i>Date</i>	
<i>Name of Claimant</i>					
<i>Chairperson of Standing Committee/Province/District/Branch</i>					
<i>Finance Chairperson</i>					
<i>Treasurer</i>					
E. GROUP TRAVELLING					
<i>Number</i>	<i>Name of Passenger/s</i>	<i>District Name</i>	<i>Portfolio</i>	<i>Cost Centre</i>	<i>Amount</i>
F. BANKING DETAILS					
<i>Name of Account Holder</i>		<i>Name of Bank</i>			
<i>Bank Account No.</i>		<i>Branch Code</i>			
<i>Name of Branch</i>		<i>Type of Banking Account</i>			