



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>Amount</i>	
CLAIM FOR TRAVELLING EXPENSES (continuation of B)					
<i>Date of Trip</i>	<i>Reason/Purpose of Trip</i>		<i>Cost Centre</i>	<i>Amount</i>	
C. SUMMARY OF EXPENSES					
				<i>Amount</i>	
<i>1. Service</i>					
<i>2. Travelling</i>					
GRAND TOTAL					
D. AUTHORISATION					
		<i>Name</i>	<i>Signature</i>	<i>Date</i>	
<i>Name of Claimant</i>					
<i>Standing Committee Chairperson/Province/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>
1.					
2.					
3.					
4.					
5.					
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 Account</i>			