

THE SKI CLUB OF SOUTH AFRICA : EXPENDITURE (RE-IMBURSIVE) CLAIM No. \_\_\_\_\_

NAME:

DATE:

**QTY:**    **DESCRIPTION**


**AMOUNT**

R	
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**TOTAL:**

Note 1 : Please complete this form for all expenditure  
(reimbursive) claims.

Note 2 : Please attach (staple) any/all receipts/invoices to the  
top left hand corner of this form (as proof of purchase).

Cheque No:
Amount: <b>R</b>
Date Paid:

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