



Government of Anguilla

Department of Public Administration
J Ronald Webster Building
Social Security Complex
The Valley
ANGUILLA

Claim For Subsistence and Travelling Expenses

Date: ____/____/20____

TO:

I certify that the claim submitted is in respect of expenses actually and necessarily incurred in connection with my travelling on duty and that the amount claimed takes into account all advances to me in this connection.

Employee:

Position:

Department:

Employee Signature:

<u>Date</u>	<u>Time</u>	<u>From</u>	<u>Diary</u>	<u>To</u>	<u>Method</u>
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- (a) Refund of hotel expenses as in attached receipted bills.
- (b) Refund of other expenses for meals or accommodation as in attached receipted bills

Certificate

I certify that the above claim is correct and that the amount of US/EC*\$ _____ is due and payable to the Employee as stated above.

Head of Department

Date: ____/____/20____

*(delete as appropriate)