

GLOBAL INTERTRADE - EXPENSE CLAIM RE-IMBURSEMENT FORM

NAME

Kathy Sander

COMPANY

Global

| RECEIPT # | RECEIPT DATE | AMOUNT | DESCRIPTION AND REASON FOR CLAIM |
|---------------|----------------|------------------|----------------------------------|
| 1 | <i>26/2/20</i> | <i>50.00</i> | <i>Retrol.</i> |
| 2 | <i>26/2/20</i> | <i>4.50</i> | <i>Coffee.</i> |
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| TOTAL CLAIMED | | <i>\$ 54.50.</i> | |

ENTERED

PAID
 CHEQUE NO: *272*
 DATE: *27/2*

EMPLOYEE SIGNATURE

[Signature]

DATE

27/2/19

MANAGER SIGNATURE

[Signature]

CHIEF FINANCIAL OFFICER SIGNATURE

MANAGING DIRECTOR SIGNATURE