JOGGIN HOLDINGS B.V.

EMEA / ACCOUNTS PAYABLE / FORM JH-EXP-002

CLAIM FOR INCIDENTAL EXPENDITURE

CLAIMANT: _____

DEPARTMENT, IF RECOGNISED: _____

PERSON WHO IMPLIED REIMBURSEMENT: _____

DATE	ITEM / PURPOSE	AMOUNT

TOTAL: _____

RECEIPTS ATTACHED: ____ RECEIPTS EXPLAINED: ____

☐ I confirm that this expenditure occurred.

☐ I understand that occurrence is not approval.

CLAIMANT SIGNATURE: _____

APPROVED BY: _____

FOR ACCOUNTS USE: RECEIVED / RETURNED / MISLAID

RECEIPT OF THIS FORM DOES NOT CONSTITUTE RECEIPT OF FUNDS.

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