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Expenses Claim Form

Expenses claim Form		
Event / Initiative:		
Submitted by:		
Date Submitted:		
Total Claimed:		_
Kindly attach supporting documents, such as receipts, funding approval notice / email etc.		
For Office Use		
Date Claim Request Received:		
Received by:		
Total Amount:		
Remarks:		
Approved by:	Received by:	PTASC/ Admin Staff:
Name:	Name:	Name:
Date:	Date	Date:

"At Kinabalu International School we are dedicated to providing an excellent education in a caring, respectful environment, challenging students to achieve their full potential as successful world citizens"









