

| Staff Expenses Claim Voucher | | | | | | | | | |
|------------------------------|--|---------------|--|---------------|---|----|--|--|--|
| Name of Payee: | | | | Payroll No .: | | | | | |
| Designation: | | Payment Date: | | Payment Value | : | QR | | | |

| DATE | ALLOC CODE | ITEM VALUE | ΤΟΤΑ | L | DETAILS (All supporting documents are to be attached) |
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| | | | QR | | TOTAL CLAIM FOR PERIOD |

Received from **Construction Excellence National Value Engineering** the "total claim for period" shown above.

| Prepared by | Checked by | Autho | orised | ł by | Date | Signed |
|---------------|------------------------------|-----------|--------|------|--------------------------|--------|
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| | Construction Excellence Nati | | | | Registration Number: 646 | 33 |