Expense Claim Form

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Please use this form when claiming expenses.
Please include your receipts to this form and send the form as one document, hence claim form first page, receipt following pages.
Receipts received without the claim form attached will not be accepted by iPS.

Client

Project

Position

Employee

Vessel

Month

Year

Date	Subject	Currency	Amount

Total expense amount

Please send this expensen claim form to employer at the end of each month or job.

This expense claim form only be processed after written approval of the client

I hereby certify, that all information given here is true and correct.

Date

Name Employee

Place

Signature Employee (handwritten)