

CENTRE FOR MATHEMATICS, SCIENCE AND TECHNOLOGY EDUCATION IN AFRICA

(CEMASTEA)

PETTY CASH CLAIM FORM

NAME:			DATE	
Part (A): Deta	ils of Claim			
Purpose/Natu	ire of Duty	Date(s) when claim was incurred	Amount (Ksh.)	
	•••••••••••••••••••••••••••••••••••••••			
•••••				
			<u></u>	
		Total Amount Required		
Part (B): I hav	e no outstanding clai	m as at today.		
Signat	ure of Applicant:			
Date				
Part (C): All m	ny previous imprests h	nave been fully surrendered. Sign	Date	
<u> Part (D) :</u>	Checked by :		Date	
	Approved by :		.Date	

ISO 9001:2015 CERTIFIED