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| **Reimbursement details** |

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| **DATE INCURRED** | **DETAILS** | **AMOUNT** |
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| Claimant’s name: |  |  | Signature: |  |
| Authorised by name: |  |  | Signature: |  |
| Date submitted: |  |

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| **Office Use Only** |
| Claim authorised: | [ ]  Yes [ ]  No |
| If no, state reason: |  |
|  |  |
| Authorised by name: |  |  | Signature: |  |
| Date of reimbursement: |  |