



PEGASUS AUTOMATION SDN BHD (778197-P)

EXPENSES CLAIM FORM

Employee name: _____

Date: _____

Department: _____

Claim For The Month Of: _____

<u>PARTICULARS</u>	<u>DATE</u>	<u>PROJECT/CLIENT</u>	<u>GST</u>	<u>AMOUNT</u>
Sub-Total RM				
<u>PURCHASES</u>				
Sub-Total RM				
<u>TRAVELLING EXP. (Accomodation, Meal Allowance, Tolls, etc)</u>				
Sub-Total RM				
<u>OTHERS</u>				
Sub-Total RM				
TOTAL AMOUNT CLAIMED			RM	
ADD : OVERTIME _____ hours (w Rpt attached)			RM	
LESS : CASH ADVANCE TAKEN			RM	
TOTAL			RM	

Applicant's Use	For Office Use
Applicant's Signature: _____	Verified By (HOD): _____ Approved by (Management): _____