







**CAYMAN ISLANDS GOVERNMENT
CREDIT CARD EXPENSE CLAIM FORM**

PERSONAL INFO	Name:		Kenneth Jefferson			
	Title		Financial Secretary & Chief Officer Ministry of Finance & Economic Development			
	Destination or Purchase:					
	Purpose:		Credit Card Statement Date - 4 Jul 2017			
	Travel or Purchase Date:					
	Travel or Purchase Date:					
DETAILS OF TRANSACTIONS	Date (DD/MM/YY)	Supplier and Description of Transaction	Foreign Amount	Exchange Rate	CI\$ Equivalent	Type of Expense
	25 Jun 2017	Payment	US\$ -1,150.00	.84	-966.00	CC
	TOTAL					
DECLARATION	All transactions listed relate to expenditure incurred in the course of Government Business and is in accordance with the terms and conditions of use of the card.					
	Name of Cardholder: Kenneth Jefferson Cardholder Signature: <u></u> Date: <u>1 October 2018</u>					
OFFICIAL USE ONLY	I have reviewed the above for accuracy and completeness.					
	Anne Owens, SFS Name	<u></u> Signature		<u>1 October 2018</u> Date		
Approved By:						
Anne Owens, SFS Name	<u></u> Signature		<u></u> Date			