






**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 Charges for Aug 2020			
	Travel or Purchase Date:					
	Travel or Purchase Date:					
DETAILS OF TRANSACTIONS	Date (DD/MM/YY)	Supplier and Description of Transaction	US\$	Exchange Rate	CI\$ Equivalent	Type of Expense
		No credit card charges for the month of August 2020				
	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:  Date: 10 September 2020					
OFFICIAL USE ONLY	I have reviewed the above for accuracy and completeness.					
	Anne Owens, SAFS  Name _____ Signature _____ 11 September 2020 Date _____					
Approved By:						
Michael Nixon, SAFS  Name _____ Signature _____ 11 September 2020 Date _____						
Name _____ Signature _____ Date _____						