



# LCI District 308-A2

(FY 2020-2021)  
(Brunei Darussalam, Sarawak, Sabah & FT  
Labuan)



## REIMBURSEMENT CLAIM

NAME OF CLAIMANT : \_\_\_\_\_

DATE : \_\_\_\_\_

POSITION : \_\_\_\_\_

REGION : \_\_\_\_\_ ZONE : \_\_\_\_\_

EVENT TITLE : \_\_\_\_\_

DATE : \_\_\_\_\_

NO.	BILL	DESCRIPTION	AMOUNT
TOTAL (RM) :			

REMARKS:

.....  
Signature of Claimant

Please fill in your Bank Information as bellows:

Payable To : \_\_\_\_\_

Bank Name : \_\_\_\_\_

Bank Account No. : \_\_\_\_\_

**\*\* Note:** All necessary documents or bills to be presented with the attached Claim Form.

### For Office Use Only

Date Received : .....

Receiver Name : .....

Signature : .....

Ref. No. : .....

Bill / Invoice Received ( )

Date Disbursed : \_\_\_\_\_

Cheque No. : \_\_\_\_\_

Approved by : .....

District Governor