

Financial Year	Date	Month Reimbursed/ Paid	Claim Ref No	Expense Type	Short Description/ Details	Origin	Destination	Category Of Journey	Class of Travel	Mileage	Length of Hotel Stay	Category of Hotel Stay	Amount Claimed/Invo iced (NET)	Amount Reimbursed/ Paid	Amount Not Reimbursed/ Paid	Reason Why Claim Not Reimbursed/ Paid
2020/21																

Nil return