

Director/Manager Approval Form

Reimbursement of Receipts and Payment of Invoices

PART A	Course name	
	Date of Course	
	Department	

PART B	Reimbursement of Receipts	
	Total amount of receipts	
	Authorised Director/Manager	
	Department and Location	
	Contact number	
	Signature	
	Date	

PART C	Payment of invoices	
	Total amount of invoices	
	Authorised Director/Manager	
	Department and Location	
	Contact number	
	Signature	
	Date	
	Comments	