

CAYMAN ISLANDS GOVERNMENT
CREDIT CARD EXPENSE CLAIM FORM

PERSONAL INFO	Name:		Nathan Paget			
	Post:		Director			
	Destination or Purchase:		Online & Fosters			
	Purpose:		Training, Office and Dietary Supplies			
	Travel or Purchase Date:		December 13 - January 12, 2026			
	Travel or Purchase Date:					
DETAILS OF TRANSACTIONS	Date (DD/MM/YY)	Supplier and Description of Transaction	Currency	Exchange Rate	CI\$ Equivalent	Disputed Items
	12/DEC/25	Amazon: Wall Tiles	\$119.97	.8375	100.47	
	12/DEC/25	Google: Subscription for	\$3.99	.8375	3.34	
	12/DEC/25	MYUS: Shipping Fee	\$189.84	.8375	159	
	12/DEC/25	ACCA: Training	\$442.59	.8375	370.67	
	13/DEC/25	Amazon: Digital Picture	\$109.98	.8375	92.11	
	21/DEC/25	ISACA: Training	\$405	.8375	339.19	
	25/DEC/25	MYUS: Membership Fee	\$10.59	.8375	8.87	
	07/JAN/26	Fosters: Dietary Supplies	\$70.01	.8375	58.63	
	09/JAN/26	Amazon: Amazon Prime	\$14.99	.8375	12.55	
	12/JAN/26	Finance Charge	\$9.20	.8375	7.71	
	TOTAL					1152.5
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: Nathan Paget Cardholder Signature: Signed the 14 day of January of 2026					
OFFICIAL USE ONLY	I have reviewed the above for accuracy and completeness.					
	Name _____ Signature _____ Date _____ Approved By: _____ Name _____ Signature _____ Date _____					



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	Name of Cardholder: _____ Cardholder Signature:  Signed the _____ day of _____ of 20____					
OFFICIAL USE ONLY	I have reviewed the above for accuracy and completeness.					
	_____ Name Signature Date					
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	Name of Cardholder: _____					
	Cardholder Signature: <i>Nathan Poydt</i>					
OFFICIAL USE ONLY	Signed the _____ day of _____ of 20_____					
	I have reviewed the above for accuracy and completeness.					
	_____ Name Signature Date					
OFFICIAL USE ONLY	Approved By:					

	_____ Name Signature Date					



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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: _____ Cardholder Signature: <i>William Pugh</i> _____ Signed the _____ day of _____ of 20____					
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OFFICIAL USE ONLY	Approved By:					
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