

NATURAL RESOURCES AND ENVIRONMENT BOARD SARAWAK
(Lembaga Sumber Asli dan Alam Sekitar Sarawak)

MISCELLANEOUS CLAIM FORM

Claimant's Name: _____

I am submitting herewith the following claims (bill/bills attached) which I have paid personally out of my own pocket money for official purposes.

DATE	PARTICULAR	AMOUNT (RM)	BILL/FOLIO/INVOICE NO.
	Total		

Date: _____

Claimant's Signature: _____

FOR ACCOUNT SECTION ONLY

To:
Account Clerk,
Account Section,
NREB, Kuching

Please reimburse the claimant accordingly.

Controller of Environmental Quality
Natural Resources and Environment Board
SARAWAK