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| EQA Expenses Receipt form A close up of a sign  Description automatically generated**Please return this form to the relevant managing quality delivery team** **Only one form to be used per quality delivery team** **Please attach all receipts to this form** |
| Name:  | Vendor number: |  |
| Quality Delivery Team:  | **Date of activity** | Expense details |
| Transaction number**(800 number)** | Centre name | DD | MM  | YY | i.e. taxi, rail fare, accommodation etc | Receipt number(please number each receipt) |
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