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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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