

STARBASE MEDIA STUDIOS

WEEKLY CLAIM FORM

DATE.....

NAME: TEL: ID NO:.....

BRANCH DESIGNATION/REF:.....

S/NO	PARTICULARS	AMOUNT

PENDING SALES CLAIMS

S/NO	PARTICULARS	AMOUNT

NOTES/PENALTIES/FINES:

.....

APPROVED BY:

NAME.....SIGNATURE.....

(Fill in ALL the required details before submitting this form)