

**Attachments for Procedure CA/53**  
**SF/CA 53/01 -REGISTER OF EMPLOYER'S CLAIMS**

Contract No.

**Register of Employer's Claims**

<b>Claim No.</b>	<b>Description of the Claim</b>	<b>Date of Notice</b>	<b>Date of Submission</b>	<b>Amount Claimed</b>	<b>Extension to DNP Claim-ed</b>	<b>Status of Approval</b>	<b>Amount Approved</b>	<b>Extension to DNP Approved</b>	<b>Remarks</b>
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