

10081227
21906255

Claimant Name: Alexia Hefti

Purpose of Travel: Dubai Trips with Minister K. Wilson & Partner

Position: Special Advisor, Middle Eastern Affairs and Policy

Use Sheet (Detail of Expenses)
which will automatically fill the
amounts in here.

Transportation	\$836.28
Meals	\$0.00
Hotel	\$0.00
Other	\$870.34
TOTAL	\$1,706.62
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$1,706.62

Invoice Date		*Invoice #	Cheque Remark	Cost Centre	Object	Sub	Amount
10/18/24		Ruin	Hotel Charges				\$0.00
			Subsistence Charges	19000	5070		\$1,706.62
			Bank Fees				\$0.00
						Total	\$1,706.62

INVOICE/CONTRACT/REFERENCE	AMOUNT	INITIAL
Kimbursement - Dubai	1706.62	Entitlements Verified ✓
I certify that these goods or services are solely for Government Accounts, are proper charges against the votes indicated and will not cause any excess therein, and that all relevant Financial Instructions have been complied with.		Extensions & Calculations Checked ✓
Signed:	Authorized Officer (other than Claimant)	Signature of Claimant
Print Name	Mohd. Helwan - Cabinet Secretary	

Note: In the event that monies must be paid back to the Government, a copy of an interdepartmental receipt (5A) form must be attached to this form before forwarding it to the Accountant General Department for filing.

Government of Bermuda Overseas Travel Expense Claim Form

Exhibit 4

B1935179
10458639

All Financial Instructions must be complied with.
This form must be completed within 30 days upon return from travel.
Supporting receipts must accompany itemised claim amounts on back.

Department: Cabinet Office

Date: 12 September 2024

Claimant Name: Alexia Hefti

Position: Special Representative, Middle East and Africa

Purpose of Travel: March, April, May, June, July & August Expenses for Middle East

Summary of Travel Expenses (see pg. 2 for details)

Transportation	\$66.36
Meals	\$0.00
Hotel	\$0.00
Other	\$973.48
TOTAL	\$1,039.83
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$1,039.83

Use Sheet (Detail of Expenses) which will automatically fill the amounts in here.

Trader #: 7427171

G/L Date: 12/9/24

Invoice Date	*Invoice #	Cheque Remark	Cost Centre	Object	Sub	Amount
12/9/24	Quin	Hotel Charges	54060	5065		\$0.00
		Subsistence Charges	54060	5070		\$1,039.83
		Bank Fees	54060	6455		\$0.00
Total						\$1,039.83

* If funds advanced, please use original batch number

INVOICE/CONTRACT/REFERENCE		AMOUNT	INITIAL
Quinbusment		1039.87	Entitlements
I certify that these goods or services are solely for Government Accounts, are proper charges against the votes indicated and will not cause any excess therein, and that all relevant Financial Instructions have been complied with.			
Signed:		Extensions & Calculations	Checked
Authorized Officer (Other)		Checked	
Print Name		MARC TELEMACQUE	
Signature of Claimant		[Signature]	

Note: In the event that monies must be paid back to the Government, a copy of an interdepartmental receipt (5A) form must be attached to this form before forwarding it to the Accountant General Department for filing.

Government of Bermuda Overseas Travel Expense Claim Form

Exhibit 4

21979443
11113206

All Financial Instructions must be compiled with.
This form must be completed within 30 days upon return from travel.
Supporting receipts must accompany itemised claim amounts on back.

Department: Cabinet Office

Date: 28-May-25

Claimant Name: Alexia Hefti

Position: Special Representative, Middle East and Africa

Purpose of Travel: May 2025 Expenses for Middle East and Africa

Summary of Travel Expenses (see pg. 2 for details)

Transportation	\$190.74
Meals	\$0.00
Hotel	\$0.00
Other	\$1,142.02
TOTAL	\$1,332.75
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$1,332.75

Trader #: 7427171		G/L Date:				
Invoice Date	*Invoice #	Cheque Remark	Cost Centre	Object	Sub	Amount
		Hotel Charges	54060	5065		\$0.00
		Subsistence Charges	54060	5070		\$1,332.75
		Bank Fees	54060	6455		\$0.00

* If funds advanced, please use original batch number

INVOICE/CONTRACT/REFERENCE	AMOUNT	INITIAL
I certify that these goods or services are solely for Government Accounts, are proper charges against the votes indicated and will not cause any excess therein, and that all relevant Financial Instructions have been complied with.		Entitlements Extensions & Calculations Checked
Signed: 		
Print Name: MARC TELEMAQUE		
Authorized Officer (other than Claimant)		

I certify that this is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on Government business as detailed above and that I have not been and will not be reimbursed for them by any other party.



Signature of Claimant

Note: In the event that monies must be paid back to the Government, a copy of an interdepartmental receipt (5A) form must be attached to this form before forwarding it to the Accountant General Department for filing.

Exhibit A

2196672

Date: 26 March 2025

Position: Special Representative, Middle East and Africa

Use Sheet (Detail of Expenses) which will automatically fill the amounts in here.

Transportation	\$363.74
Meals	\$0.00
Hotel	\$0.00
Other	\$528.86
TOTAL	\$892.59
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$892.59

Trader #: 7427171						G/L Date: 2/8/25
Invoice Date	*Invoice #	Cheque Remark	Paid Centre	Object	Sub	Amount
		Hotel Charges	<u>19000</u>	<u>\$0.70</u>		\$0.00
		Subistence Charges	<u>19000</u>	<u>\$0.70</u>		\$892.59
		Bank Fees	<u>19000</u>	<u>\$0.70</u>		\$0.00
		Total				\$892.59

INVOICE/CONTRACT/REFERENCE
Reinhardment
I certify that these goods or services are
charges against the votes indicated and
relevant Financial Instructions have been

are solely for Government Accounts, are proper and will not cause any excess therein, and that all ~~been~~ complied with.

AMOUNT
892.59

INITIAL	
Entitlements	
Extensions &	

I certify that this is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on Government business as detailed above and that I have not been and will not be reimbursed for them by any other party. *[Signature]*

Signed: _____
Print Name _____

Authorized Officer (other than Claimant)
MARC TELEMAQUE

Signature of Claimant

Note: In the event that monies must be paid back to the Government, a copy of an interdepartmental receipt (5A) form must be attached to this form before forwarding it to the Accountant General Department for filing.

All Financial Instructions must be complied with.
This form must be completed within 30 days upon return from travel.
Supporting receipts must accompany itemised claim amounts on back.

22001524
11391457

Date: 30-Oct-25

Position: Special Representative, Middle East and Africa

Summary of Travel Expenses (see pg. 2 for details)

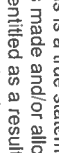
Transportation	\$89,645
Meals	\$317,400
Hotel	\$0,000
Other	\$414,059
TOTAL	\$820,105
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$820,10

Use Sheet (Detail of Expenses) which will automatically fill the amounts in here.

[illegible]

* If funds advanced, please use original batch number

INVOICE/CONTRACT/REFERENCE	AMOUNT	INITIAL
<i>Kim Burdette DC</i>	<i>\$20.10</i>	<u>Entitlements</u> <i>✓</i>
I certify that these goods or services are solely for Government Accounts, are proper charges against the votes indicated and will not cause any excess therein, and that all relevant Financial Instructions have been complied with		
Signed: 		<u>Extensions & Calculations</u> <u>Checked</u> <i>WL</i>
Authorized Officer (other than Claimant)		
Print Name <i>M. Delamague - Cabini Inc.</i>		

I certify that this is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on Government business as detailed above and that I have not been and will not be reimbursed for them by any other party.

Signature of Claimant



GOVERNMENT OF BERMUDA

PRO FORMA INVOICE

DATE:- Sept 30 2025

PAYEE:- eSatato Management Consultancy

ADDRESS:-

21996398

11315661

Trader #: 7441113

Being payment for:-	AMOUNT
Reimbursement	
Reimbursement for expenses incurred for the months of August and September 2025	\$1,032.92
Receipt attached	
Prepared by: Verna-Lee Ramsay	TOTAL 1032.92

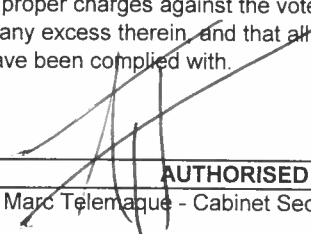
INVOICE/CONTRACT/REFERENCE	AMOUNT	INITIAL
August & Sept 2025 Reimbursement	\$1,032.92	✓ Goods/Services Received
I certify that these goods or services are solely for Government Accounts, are proper charges against the votes indicated and will not cause any excess therein and that all relevant Financial Instructions have been complied with.		Prices/Calculations Checked
Signed: 		
AUTHORISED SIGNATURE		Discounts Verified
Print Name Marc Telemaque - Cabinet Secretary		

Exhibit 4

This form must be completed within 30 days upon return from travel. Supporting receipts must accompany itemised claim amounts on back

Date: 10-Sep-25

Position: Special Representative, Middle East and Africa

Purpose of Travel: AU CARICOM Summit - Ethiopia (September 6 - 8, 2025)

Use Sheet (Detail of Expenses) which will automatically fill the amounts in here.

Transportation	\$777.840
Meals	\$93.912
Hotel	\$902.390
Other	\$194.823
TOTAL	\$1,968.966
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$1,968.97

[illegible]

INVOICE/CONTRACT/REFERENCE Kingbury & Smith

I certify that these goods or services are solely for Government Accounts, are proper charges against the votes indicated and will not cause any excess therein, and that all relevant Financial Instructions have been complied with. ✓

Authorized Officer (other than Claimant)

Print Name _____

Note: In the event that monies must be paid back to the Government, a copy of an interdepartmental receipt (5A) form must be attached to this form before forwarding it to the Accountant General Department for filing.

AED Exchange Rate 3.67 - Central Bank
BIRR Exchange Rate 142.66 - National Bank

I certify that this is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on Government business as detailed above and that I have not been and will not be reimbursed for them by any other party.

Signature of Claimant

Exhibit 4

This form must be completed within 30 days upon return from travel. Supporting receipts must accompany itemised claim amounts on back.

Date: 5-Aug-25

Position: Special Representative, Middle East and Africa

Purpose of Travel: Afreximbank Conference June 25 - 28, 2025 - Nigeria

Transportation	\$2,630.96
Meals	\$49.14
Hotel	\$236.20
Other	\$313.82
TOTAL	\$3,230.12
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$3,230.12

G/L Date: 18-8-25

[illegible]

certify that these goods or services are solely for Government Accounts, are proper changes against the votes indicated and will not cause any excess therein, and that all relevant Financial Instructions have been complied with.

~~Authorized~~ Officer (other than Claimant)

Authorized Officer (other than CIA)
Mark Helman

Note: In the event that monies must be paid back to the Government, a copy of an interdepartmental receipt (5A) form must be attached to this form before forwarding it to the Accountant General Department for filing.

I certify that this is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on Government business as detailed above and that I have not been and will not be reimbursed for them by any other party.

Signature of Claimant

21989562
11215329

All Financial Instructions must be complied with.

This form must be completed within 30 days upon return from travel.

Supporting receipts must accompany itemised claim amounts on back.

Department: Cabinet Office

Date: 8 January 2025

Claimant Name: Alexia Hefti

Position: Special Representative, Middle East and Africa

Purpose of Travel: September - December 2024 Expenses for Middle East and Africa

Summary of Travel Expenses (see pg. 2 for details)

Transportation	\$560.89
Meals	\$0.00
Hotel	\$0.00
Other	\$220.86
TOTAL	\$781.75
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$781.75

Use Sheet (Detail of Expenses) which will automatically fill the amounts in here.

Trader #: 7427171						G/L Date:
Invoice Date	*Invoice #	Cheque Remark	Cost Centre	Object	Sub	Amount
8/1/25	Raim	Hotel Charges		5065		\$0.00
		Subsistence Charges	19000	5070		\$781.75
		Bank Fees		6455		\$0.00
					Total	\$781.75

* If funds advanced, please use original batch number

INVOICE/CONTRACT/REFERENCE	AMOUNT	INITIAL
<p><u>Reimbursement</u></p> <p>I certify that these goods or services are solely for Government Accounts, are proper charges against the votes indicated and will not cause any excess therein, and that all relevant Financial Instructions have been complied with.</p>		<p><u>Entitlements</u></p> <p><i>nk</i></p>
		<p><u>Extensions & Calculations</u></p> <p><u>Checked</u></p> <p><i>nk</i></p>

Signed: _____

Authorized Officer (other than Claimant) _____

Print Name: Mahe Mahi mac us - Cabinet Secretary

Note: In the event that monies must be paid back to the Government, a copy of an interdepartmental receipt (ISA) form must be attached to this form before forwarding it to the Accountant General Department for filing.

I certify that this is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on Government business as detailed above and that I have not been and will not be reimbursed for them by any other party.


Signature of Claimant

Government of Bermuda Overseas Travel Expense Claim Form

Exhibit 4

All Financial Instructions must be complied with.

This form must be completed within 30 days upon return from travel.
Supporting receipts must accompany itemised claim amounts on back.

21 973909

11113206

Department: Cabinet Office

Date: 9-May-25

Claimant Name: Alexia Hefli

Position: Special Representative, Middle East and Africa

Purpose of Travel: April 2025 Expenses for Middle East and Africa

Summary of Travel Expenses (see pg. 2 for details)

Transportation	\$190.74
Meals	\$0.00
Hotel	\$0.00
Other	\$1,316.20
TOTAL	\$1,506.93
Less: Paid by Govt credit card	
Less: Travel Advance	
Due to (from) Claimant	\$1,506.93

Use Sheet (Detail of Expenses) which will automatically fill the amounts in here.

Trader #: 7427171		G/L Date: 12/5/25				
Invoice Date	*Invoice #	Cheque Remark	Cost Centre	Object	Sub	Amount
		Hotel Charges	54060	5065		\$0.00
		Subsistence Charges	54060	5070		\$1,506.93
		Bank Fees	54060	6455		\$0.00

* If funds advanced, please use original batch number

INVOICE/CONTRACT/REFERENCE	AMOUNT	INITIAL
Claimbursement	1206.93	Entitlements
I certify that these goods or services are solely for Government Accounts, are proper charges against the votes indicated and will not cause any excess therein, and that all relevant Financial Instructions have been complied with.		
Signed:	Extensions & Calculations Checked	
Print Name	Authorized Officer (other than Claimant)	
Mr. Hefli - Cabinet Secretary		

I certify that this is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on Government business as detailed above and that I have not been and will not be reimbursed by them by any other party.	Signature of Claimant
---	-----------------------

Note: In the event that monies must be paid back to the Government, a copy of an interdepartmental receipt (5A) form must be attached to this form before forwarding it to the Accountant General Department for filing.