

Exceptional Items Report/Delayed Claim Application

Applicant Name:		STAR HRSG ID:	
Rep. Office & Dept:		Email: @huawei.com	
Witness Name:			
Rep. Office & Dept:		Email:	
List of Exceptional Claims:			
Item	Time/month	Description	Currency and Amount:
Explanation:			
Signature:			
Date:			
Approved by the Immediate Dept. Supervisor (Pls. Specify your Opinion)			
Signature:			
Date:			
Approved by the Department Head (Pls. Specify your Opinion)			
Signature			
Date:			
Approved by D&S Head. (Pls. Specify your Opinion)			
Signature			
Date:			

Note:

- 1、 This application is only for some exceptional cases and is highly discouraged.
- 2、 The application must be duly approved by D&S Head.