

Countesthorpe u3a

EXPENSES CLAIM FORM

NAME Date

Committee Member / Group Leader (delete as appropriate)

CLAIM DETAILS	£
TOTAL	

Please attach receipt(s)

Signature

Payment can be made by bank transfer, cheque, or cash (for sums less than £10)
Please state preference below. Provide details if bank transfer preferred

	Bank Transfer		Bank Name	
			Sort Code	
	Cheque		Account Name	
	Cash		Account Number	

Approved by Date

Signature