|  |  |  |
| --- | --- | --- |
|  | **Expenses Claim Form****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WI** | image001[1] |

|  |  |
| --- | --- |
| **Claimant name:** |  |
| **Signature:** |   |
| **Date of claim:** |   |
| **Claim authorised by (another committee member) – Signature:** |   |

On completion the form should be passed to treasurer along with original supporting invoices to enable payment to be made.

|  |  |  |
| --- | --- | --- |
| **Receipt number (if more than one)**  | **Description of item** | **Amount claimed** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  |  |  |
|  | **Total** |   |
| **Cheque number** |  |  |
|  | **Amount paid**  |   |
|  |  |  |

|  |  |
| --- | --- |
| Signature on receipt of cheque (cash): |  |

Please transfer to my bank account

|  |  |  |  |
| --- | --- | --- | --- |
| Account number: |  | Sort code: |  |
| **Account name:** |  |