

Expenses Claim Form



To be passed to the Treasurer for reimbursement

Please attach (where possible)		Invoice <input type="checkbox"/>	Till Receipt <input type="checkbox"/>	Other <input type="checkbox"/>	Evidence of costs incurred	
Group:				Date:		
Claim covers the period:				To:		
Claimants Name (PRINT):						
Address:						
	Qty			Amount Claimed		
Laminating A4 Sheets		@			:	
Photographic A4 Paper		@			:	
Envelopes (Small)		@			:	
Envelopes (Large)		@			:	
		@			:	
		@			:	
Postage (receipt needed)		@			:	
Printing – colour (includes paper and ink)		@			:	
Printing – black & white (includes paper & ink)		@			:	
Other (please specify)					:	
					:	
					:	
					:	
Claimants Signature				Total Claimed		
Claimants Bank Details	Bank:	Sort Code:		Account No:		
Authorised by:			Authorisers Printed name:			
(Group Leader/Committee Member/ Trustee)						
Treasurers Use Only:						
Paid :	Cash <input type="checkbox"/>	Cheque No. <input type="checkbox"/>		BACS <input type="checkbox"/>	Amount:	
Date:						
Treasurer/ Assistant Treasurer Signature						