

Belfast u3a**Expenses Claim Form/ Reimbursement of Funds**

Date of Expenditure	Summary of Claim	Total Amount	
		£	p
	Grand Total		

Where possible enclose receipts please

Name:	Contact email /mobile number (claimant):
Role in the u3a:	
Signed by Claimant:	Date:
Bank Details for payment of claimed expenses Account Name: Account Sort Code: Account Number :	
Please return form and receipts to Neil McQuillan, Treasurer Belfast U3A 77 Onslow Parade, Belfast BT6 0AS. treasurer@belfastu3a.org	

For Treasurer: Authorised and Paid	Date:
For Treasurer: Balance used for payment:	
For Treasurer: NOT Authorised because:	

+ See over for breakdown of costs (if required)

[illegible]

Please ensure that all totals are transferred overleaf