



THE UNIVERSITY OF THE THIRD AGE

Blackwater U3A, Maldon, Essex

**PAYMENT REQUEST
(FORM C)**

v.Aug 2019

GROUP:	
CO-ORDINATOR:	
EMAIL ADDRESS:	
PHONE NUMBER:	
EVENT:	
EVENT DATE:	
TOTAL EXPECTED COST:	

PAYEE:							
AMOUNT:							
OTHER DETAILS: (Tick where applicable)	<table><tr><td>CHEQUE TO BE RETURNED TO CO-ORDINATOR</td><td></td></tr><tr><td>CHEQUE TO BE POSTED (SAE PROVIDED)</td><td></td></tr><tr><td>COVERING LETTER</td><td></td></tr></table>	CHEQUE TO BE RETURNED TO CO-ORDINATOR		CHEQUE TO BE POSTED (SAE PROVIDED)		COVERING LETTER	
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CHEQUE TO BE POSTED (SAE PROVIDED)							
COVERING LETTER							
COMMENTS (If required)							

SIGNED:		DATE:	
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NOTES: <ul style="list-style-type: none">PLEASE NOTE IT MAY TAKE A FEW DAYS FOR A FULLY SIGNED CHEQUE TO BE DRAWN.CHEQUES WILL NOT NORMALLY BE ISSUED UNLESS THERE ARE SUFFICIENT GROUP FUNDS HELD IN THE BANK.	<u>TREASURER USE ONLY:</u> <table><tr><td>DATE RECEIVED:</td><td>/ / 20</td></tr><tr><td>GROUP CODE</td><td></td></tr><tr><td>TOTAL AMOUNT</td><td>£</td></tr><tr><td>CHEQUE NUMBER:</td><td></td></tr><tr><td>DATE ISSUED:</td><td>/ / 20</td></tr><tr><td>POSTED/RETURNED</td><td></td></tr></table>	DATE RECEIVED:	/ / 20	GROUP CODE		TOTAL AMOUNT	£	CHEQUE NUMBER:		DATE ISSUED:	/ / 20	POSTED/RETURNED	
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