

Folio No	
Acct No	

Claim for Expenses (Accounts Form 04)

To be passed to the Treasurer for payment

Please attach invoice/till receipt whenever possible.

Group: Claimants Name:

Claim covers the period: to

Preferred Payment Method <i>Enter 'X' in check box</i>	Bank Transfer <input type="checkbox"/>	Cheque <input type="checkbox"/>
Account details for Bank Transfer	Sort Code <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/>
Postal address for Cheque		

Expense Type	Details	Amount Claimed	
Stationery		£	
Postage		£	
Any other expenses (please specify)			
		£	
		£	
		£	
		£	
Car Mileage	45p per mile	£	
Home computer printing copies	@ 8p B&W <input type="text"/> sheets	£	
Home computer printing copies	@ 8p Colour <input type="text"/> sheets	£	
Total		£	

Printing includes photocopying

Claimant Signature:

Date:

Authorised by (Group Leader):