

Droitwich U3A Expenses Claim Form

Please return authorised claim forms to the Treasurer

List of item(s) claimed for _____
(please attach receipts)

Signature of claimant _____ Amount claimed _____

Name of claimant (please print) _____ Date _____

Authorised by (signature) _____

Name of authoriser (please print) _____ Date _____

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