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**GROUP’S EXPENSES CLAIM**

*Use this form to claim money from your own group account  
 for group requirements*

Name: Group: Date:

Signed (by group leader):

|  |  |  |
| --- | --- | --- |
| **Date of Purchase** | **Description** | **Amount** |
|  |  |  |
|  | **TOTAL** |  |

Please attach receipts and send to Treasurer

For Treasurer use only

Checked.................................Date...........................Payment Reference.................................

If you would like the payment to be made directly to your bank, please supply the details below. Please note that after use, this information will be destroyed.

Name of Bank Name on Account

Sort Code Account Number

**Issue Date: 10 April 2024**