EAST GRINSTEAD U3A

**To:**

**The Treasurer**

**Mr Keith Mason, 47 Kipling Way, East Grinstead, RH19 1TD**

# EXPENSES CLAIM FORM

## Submitted by: ……………………………………………………. Date………………

**Address:……………………………………………………………. Tel:………………..**

 **………………………………………………………………**

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| --- | --- | --- |
| **Date** | **Description of expense** | **Amount** |
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|  | **Total Amount Claimed** Please attach receipts | **£** |

**Leader’s signature** ………………………………………….

**Expenses notes**

* Contributions to Group Leader's Expenses should be made at the beginning of the year unless agreed otherwise
* Expenses for light refreshments should not be included on this sheet.

**If you have any questions, please contact the Treasurer:** **treasurer@eastgrinsteadu3a.co.uk**