

TRUSTEES EXPENSES CLAIM FORM

NAME:	
Date:	Signed:

A. <u>Mileage</u>		£
B. <u>Telephone</u>		£
C. <u>Postage</u>		£
D. <i>Description</i>		£
E. <i>Description</i>		£
F. <i>Description</i>		£
<i>(Please attach receipts where possible.)</i>		
Total		£

X	Please indicate preferred payment method		
	Cash		
	Cheque		
	Electronic transfer	Sort code	Account number

Treasurer

<i>Date approved</i>	<i>Signed</i>
<i>Payment Method</i>	<i>Amount</i> £
<i>Cheque Number</i>	