

# MUCH WENLOCK & DISTRICT U3A



## EXPENSES CLAIM FORM

Name.....

Address (if not U3A member).....

.....

Payment Cheque/Direct Bank Transfer (delete as applicable)

If direct transfer requested please give Account Name, Account Number & Bank Sort Code

.....

.....

Date of Claim.....

Date of Claim	Amount	Receipt Attached (Y/N)	Notes
TOTAL of CLAIM			

Authorised by (Name and Signature).....

Paid on.....

Ref.....

NB Please return to Treasurer and attach receipts where possible