

# Expenses Claim Form

Preston and District U3A



The University of the Third Age

Name of Claimant: ..... Total Costs Incurred: .....

Please attached invoice to the back of this form

Date	Short Description of Expense	Receipt Attached Yes/No	Amount

**Payment Details:**

<b>Amount:</b>	<b>Don't forget to attach supporting invoices</b>
<b>Cheque Number</b>	<b>Date:</b>

**Signatures:**

Approved (Treasurer) \_\_\_\_\_

Authorised (>£50: Chair) \_\_\_\_\_

Received (Payee) \_\_\_\_\_