Stanford-le-Hope and District U3A

THE UNIVERSITY OF THE THIRD AGE

Expenses Claim Form

All Claims must be submitted with receipts / evidence of mileage or they will not be approved.

Name: ..... Office: ..... Membership Number: .....

Date	Details / Reason	Mileage	Amount £	Office use

Amount Claimed Receipt: ..... Signed: ..... Date: .....

Official Use Only

Claim Authorised by ..... Date .....

Approved by Treasurer ..... Date .....

Paid by cheque number ..... Date .....

Entered in Accounts by ..... Date .....