



Stanford le Hope and District u3a

Expense 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

Please add your details if you wish to be paid by Bank Transfer.

Account Name	
Bank Sort Code	
Account number	

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

Official use only	
Claim Authorised by	Date
Approved by Treasurer	Date
Paid by cheque/transfer number	Date
Entered in Accounts by	Date