

Expenses Claim Form

To be passed to the Treasurer for reimbursement

Please attach (where possible)		Invoice	<input type="checkbox"/>	Till Receipt	<input type="checkbox"/>	Other	<input type="checkbox"/>	Evidence of costs incurred			
Group:						Date:					
Claim covers the period:						To:					
Claimants Name (PRINT):											
Address:											
		Qty						Amount Claimed			
Laminating Sheets			@	10p per A4 sheet				:			
Photographic Paper			@	90p per A4 printed sheet				:			
Envelopes (Small)			@	2p each				:			
Envelopes (Large)			@	6p each				:			
Postage			@	1 st Class (95p)				:			
Postage			@	2 nd Class (68p)				:			
Postage other (receipt needed)			@					:			
Printing – colour (includes paper and ink)			@	20p per sheet				:			
Printing – black & white (includes paper & ink)			@	10p per sheet				:			
Other (please specify)								:			
								:			
								:			
								:			
Claimants Signature						Total Claimed		:			
Claimants Bank Details	Bank:		Sort Code:			Account No:					
Authorised by:			Authorisers Printed name:								
(Group Leader/Committee Member/ Trustee)											
Treasurers Use Only:											
Paid :	Cash	<input type="checkbox"/>	Cheque No.	<input type="checkbox"/>		BACS	<input type="checkbox"/>	Amount:			
Date:											
Treasurer/ Assistant Treasurer Signature											