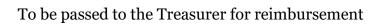
Expenses Claim Form





Please attach (where		Till Receipt		Other	r	Evide	nce of c	eosts	incu	rred		
Group: Date:												
Claim covers the period: To:												
Claimants Name (PRINT):												
Address:												
		Qty								Amount Claimed		
Laminating Sheets				@	10p	10p per A4 sheet					:	
Photographic Paper				@	90p per A4 printed sheet						:	
Envelopes (Small)				@	2p each							
Envelopes (Large)				@	6p each						:	
Postage				@	1st Class (95p)						:	
Postage				@	2 nd	2 nd Class (68p)					:	
Postage other (receipt needed)				@							:	
Printing – colour (includes paper and ink)				@	20p	20p per sheet					:	
Printing – black & white (includes paper & ink)				@	10p	10p per sheet					:	
Other (please specify)											:	
									:			
										:		
											:	
Claimants Signature							То	Total Claimed			:	
			1					1				
Claimants Bank Details Bank:			Sort Code:				Account No:					
Authorised by:			Authorisers Printed name:									
(Group Leader/Committee Member/ Trustee)												
Treasurers Use Only:												
Paid : Cash Cheque No.					BAC	cs 🔲		Amount:				
Date:												
Treasurer/ Assistant Treasurer Signature												