TWEEDDALE u3a

EXPENSES CLAIM FORM

Name	

Description of Claim	

Date	Expenses	Receipt Attached	Value £
		Total	

I confirm that these expenses have been incurred essentially and exclusively on behalf of Tweeddale U3A

Bank		Account Name	
Account No.		Sorting Code	
Signature		Date	

PAYMENT DETAILS

Beacon Transaction	Payment Method	Payment Reference	Value £
Treasurer's Signature		Payment Date	