

Woodhall Spa U3A

EXPENSES CLAIM FORM

NAME		DATE	
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GENERAL EXPENSES			
DATE	DESCRIPTION	COST	RECEIPT ATTACHED

TOTAL EXPENSES

MILEAGE CLAIM			
DATE	MEETING OR PURPOSE AND VENUE	MILES	COST AT 45 PENCE PER MILE
		TOTAL MILEAGE	
		TOTAL MILEAGE & EXPENSES	

SIGNED		DATE	
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Payment Method Preferred	Cheque or Bank Transfer
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Bank Details (for bank transfer):

Sort Code:	Account No:	Name on Account:

APPROVED & SIGNED BY		DATE	
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For Treasurer's Use Only

Ref	Date Paid	Accounts Updated	
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