**SOUTHWELL & District u3A**

 **EXPENSE CLAIM** form gg

**To:** Treasurer (treasurer1su3a@gmail.com)

**From: ………………………………………………………………………………………**

**Email………………………………………… Phone number…………………………….**

Please attached receipts:

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | DESCRIPTION | RECEIPT | AMOUNT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | TOTAL |  |

Payee Details

|  |  |
| --- | --- |
| Account Name |  |
| Account Number |  |
| Sort Code |  |

Signed……………………………………………………………… Date……………………………………

OFFICE USE

|  |  |
| --- | --- |
| APPROVED: YES/NO | DATE: |
| APPROVED BY:  | DATE: |
| PAYMENT METHOD: CHEQUE/BAC | DATE: |