



learn, laugh, live



U3A WOLLATON

EXPENSES CLAIM FORM

NAME		DATE
DATE OF EXPENDITURE	DESCRIPTION OF EXPENDITURE	AMOUNT CLAIMED
TOTAL CLAIMED		

Please Enclose Copies of receipts if available

VOLUNTEER SIGNATURE/NAME		DATE
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AUTHORISING SIGNATURE/NAME		DATE
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ACCOUNT TO BE PAID	
NAME	
SORT CODE	
ACCOUNT NO	

TREASURERS USE ONLY	
DATE ACTIONED	
AMOUNT PAID	