

u3a YORK - EXPENSES CLAIM FORM

NB: receipts must be attached. Claims received without the receipts may be refused or payment delayed.

CLAIMANT'S DETAILS

ACCOUNT DETAILS

Name:

Account name:

Membership no:

Sort code:

Date of Claim:

Account number:

Date of Expense	Details of Expense	Group (if applicable)	No. of items	Price per item £	TOTAL CLAIMED £
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

By submitting this claim form I confirm that these expenses that have been necessarily and exclusively incurred whilst engaged in authorised activity for u3a York and are in accordance with u3a York's Expenses Policy.

For Office use only:

Checked by:

Date:

Approved by:

Date:

Processed by:

Date: