Stanford le Hope and District u3a
Expense Claim Form

All Claims must be submitted with receipts / evidence of mileage or they will not be approved.

Name: Aye Bee Cee..... Office: Of the Great Worker.... Membership Number: 999.....

Date	Details / Reason	Mileage	Amount £	Office use
01/01/1900	Essential visit to Official for business specified at 45p/mile	6	2.70	
02/01/1900	Printing of Committee Documents, 12 sheets at total of 5p		0.60	
3/01/1900	Phone calls to National u3a etc. not covered in contract detailed on separate phone log		13.23	
04/01/1900	Purchase of Asset (detailed), authorised by minutes of (date)		25.00	

Please add your details if you wish to be paid by Bank Transfer.

Account Name	Aye Bee Cee
Bank Sort Code	20 - 10 - 36
Account number	01101110

Amount Claimed Receipt: £41.53.....Signed: Squiggle..... Date: 05/01/1900.....

Official use only	
Claim Authorised by	Date
Approved by Treasurer	Date
Paid by cheque/transfer number	Date
Entered in Accounts by	Date

Revision 1