PERTH U3A – EXPENSE CLAIM FORM

PAYEE NAME	
ADDRESS	…… …… …… ……

I would like… (please tick one)

☐ To receive payment by cheque

☐ To receive payment by bank transfer to my account.

Sort Code:	……
Account No.	……
Use account previously notified:	☐

Purchase date	Detail	Amount £
	TOTAL	**£**

Please attach receipts.

Signature of Claimant ……

Claim Date: ……

For Admin Use Only:

Account:		Date Paid:	
Cost Group(s):			