



THE UNIVERSITY OF THE THIRD AGE

Fleet and District Expenses Claim Form

Name:-.....Group:-.....

Payment Method:- Cheque or BACS

If BACS provide Sort Nu..... and Account Nu.....

| Item | Reason for purchase | Date purchased | Amount £ |
|---|---------------------|----------------|----------|
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| | | | |
| Expense Approved by Treasurer: date..... Method (email/phone)..... | | | |
| Signature | Submission Date | Total claimed | |

Proof of purchase must be attached.

For Treasurers use

Payment made by cash/cheque no./BACS ref*Date.....

*Please delete as appropriate