

Expenses Claim form

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| **Full name of claimant:** |  |
| **Email address:** |  |
| **Name of Club/Society:** |  |
| Bank Details (Please write clearly and always use the same account when claiming): |
| Sort Code: |  |  | - |  |  | - |  |  | Account Number: |  |  |  |  |  |  |  |  |

* Attach receipts to this form. Always keep a copy of all receipts for your own records.
* Only fill in the unshaded boxes; the gray boxes are for office use.
* Original receipts only, no debit/credit card receipts accepted unless itemized; all receipts must be legible.
* Incomplete forms will not be processed until any missing information is corrected. The form must be counter-signed.
* If account details are incorrect/unclear and the wrong account is paid, the payment cannot be reissued.
* If the claimant listed below is the Treasurer, the President must be the second signatory on the form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Date** | **Supplier** | **Description of Expenditure** | **Amount** | Account |
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|  |  |  |  |  |
|  |  |  | **Total Claim:** |  |
| I declare that the expenses listed on this form are accurate and were necessarily incurred for this account. |
|  | **Name** | **Signature** | **Date** |
| **Claimant:** |  |  |  |
| **Treasurer:**  |  |  |  |

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| **SU Finance Use** |
| Cost Centre: |  | Account Code: |  |
| Supplier ID: |  | Comments: |  |
| Authorised By: |  |
| AP PN: |  | Date of Payment: |  |
| Payment Ref: |  | Authorised By: |  |