

Buxton and District u3a

EXPENSES CLAIM FORM

Full Name	
Membership Number	
Buxton & District u3a Role	

Expenses Claimed

Date	Details of Claim (e.g. printer ink, printing paper etc.)	Amount
Total Other Expenses Claimed		

Mileage Claimed

Date	Destination	Nature of Business	No of Miles	Rate	Amount
				45p/mile	
				45p/mile	
				45p/mile	
Total Mileage Claimed					

TOTAL OF ALL EXPENSES CLAIMED	
--------------------------------------	--

I declare that all the expenses claimed on this form were for activities undertaken on behalf of Buxton and District u3a

Claimant's signature		Date
Approved by		Date
(committee member)		