**ASHFIELD U3A EXPENSES CLAIM FORM**

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| Group/Event Name : |
| Date spent | Details | Purpose | Tick if receipt attached | Total Amount Spent £ |
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| **Total Claim**  |  |
| **Claimant Signature:****Date:** | **Print Name:** |
| **Authorising Signature:****Date:** | **Print Name:****Officer/Committee Member** |

|  |  |
| --- | --- |
| Paid Cash/Cheque reference:  | Dated: |

**Note: If the amount of the claim exceeds £100, the authorisation of Ashfield U3A Committee will be required.**

**Please return to: Jacquie Chapman, Treasurer, Ashfield U3A** **jacquiechapman@ashfieldu3a.org.uk**