**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** | | |

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| --- | --- |
| 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**](mailto:jacquiechapman@ashfieldu3a.org.uk)