

**EXPENSES CLAIM FORM**

**(Please attach supporting receipts)**

|  |  |
| --- | --- |
| **Claimant Name:** | **Claim Date:** |

|  |  |  |
| --- | --- | --- |
| **Details of each item of expense claimed.** | **£** | **p** |
|  |  |  |
| **Total £** |  |  |

If you wish to receive payment for these expenses via BACs automated transfer rather than cheque, please provide the following bank related information:

* Bank Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Claimant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registered Charity Number: 280725**