Expenses Claim Form

Claimant :		Date of Submission	

Date	Claiming for: (Please Specify)	Approver	Total (£)
Signature of Claimant		Total	

Notes

Items of expenditure costing over £60 require approval a committee member and the approvers name must be stated in the appropriate section.

Please provide receipts were possible, especially for the purchase of equipment which may be grant funded.

Official use only

Paid		Approved	
Cheque Number		Date	
Submit to An Cisteoir	murphymartin@btinternet.com		