

**Sherbornes with Pamber PCC**

**Expenses Claim Form**

|  |  |
| --- | --- |
| **Name of event** |  |
| **Date of Event** |  |
| **Name of Claimant** |  |

**EXPENDITURE (please attach receipts for all expenditure)**

|  |  |  |
| --- | --- | --- |
|  | **Type of expenditure (e.g. food, drinks, props)** | **Amount** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **Total** |  |  |

**REIMBURSEMENT**

**Please pay into the following account (not required if the Treasurer already has your details)**

|  |  |  |
| --- | --- | --- |
| **A/C name:** | **A/C No:** | **Sort Code:** |

|  |  |
| --- | --- |
| **Signed:****Authorised:** | **Date:****Date:** |

**Please pass to the Treasurer with all receipts.**