

**PORTHCAWL u3a  
Expenses Claim Form**

Name:	Date Submitted:
Membership Number:	

Date (s)	description of Claim. Please give a full description	£	p	Tick if receipts attached
TOTAL CLAIMED:				

*I certify that the above expenses have been incurred solely on behalf of Porthcawl u3a*

**BANK ACCOUNT DETAILS**

BANK NAME: .....

ACCOUNT NUMBER: .....

SORT CODE: .....

Signed by the claimant:

Approved by a member of the executive committee:

Print name:

Signature:

Date: