 27/11/2023

Author: M Papayannakos

Version 2.2

**Expenses Claim Form**

|  |  |
| --- | --- |
| Person to be paid: |  |
| Submitter of this form (if different from above): |  |
| Date: |  |
| Address: |  |
| Email address: |  |
| Mobile number: |  |
| Event/Activity: | Friends of Breaside School Shop  Friends of Breaside Summer Fair  Friends of Breaside Ball  Friends of Breaside Kids Disco  Friends of Breaside Welcome drinks  Friends of Breaside Quiz Night  Other please specify:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Description and reason for expense: |  |
| Total claim: | £ |
| Breakdown of claim: | 1.  2.  3.  4. |

Please attach receipts and/or supporting documentation.

|  |  |
| --- | --- |
| **Administration Only** | |
| 1st Approval signature: | (Karen Nicholson) |
| 2nd Approval signature: |  |
| Bank: |  |
| Sort Code: |  |
| Account number: |  |
| Name on account: |  |