



Reg. Charity No: 1103854

# Expenses Form

## Claim for: or Record of:

**PLEASE COMPLETE AND SIGN BEFORE PASSING TO TREASURER**

<b>NAME</b> Please Print		
<b>POSITION HELD</b> Eg Officer, Member, Trustee		
<b>* COST CODE NO.</b>	<b>Description</b>	<b>Cost £</b>

<b>TOTAL</b>	
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NB: You must provide receipts for all expenditure **\*Please put corresponding Cost Code No. (see Reference Sheet) on relevant receipt, circled.** No receipt? Discuss with Treasurer.

Please tick relevant box

**I claim the above amount as legitimate expense(s) on behalf of Cantorion-Llandrindod**

**I wish to record my legitimate use of the Cantorion-Llandrindod Debit Card**

**EXPENSES CLAIM ONLY - I request payment by:**

**Bank Transfer	Sort Code		Account No.	
Cheque (v)		Payable To:		

email:

**\*\*Please supply email address for payment confirmation**

Signed:	Date:
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Agreed & PAID/RECORDED	TREASURER Signature	REFERENCE	** email sent
Date:			