SOUTH LAKES U3A
EXPENSES CLAIM FORM

Name of claimant:
Address:

Telephone:

DATE	DESCRIPTION	AMOUNT
	Total:	

Signature:

Date:

Amount claimed:

Cheque number:

Return to:
Ian Powell, SLU3A Treasurer, 83 Lingmoor Rise, Kendal, LA9 7NR

Please provide receipts wherever possible.