Swaffham & District u3a Expenses Reimbursement Form

Registered Charity number 1087677 Website: swaffhamdistrictu3a.org

This form is to be used by Swaffham & District u3a members to request reimbursement for related expenses incurred during official duties. Please ensure all information provided is accurate and all receipts/documents are attached for processing.

Member Information

Name:	
Member Number:	
Role/ Group:	
Date of Submission:	

Expense Summary

Date	Description	Category	Amount	Receipt(attach)
Total Reimbursement				

Approvals

Treasurer:		**Chair:**	

By submitting this form, the employee confirms that all expenses listed are accurate.