

St Albans Sub-Aqua Club

Expense Claim Form

Name:

Address:

Email:

Phone:

Purpose of expenditure:

Expense details -receipts or proof of expenditure and usage must be attached for all expenses.

(If you have more than five entries use the continuation sheet overleaf, and bring the total of that sheet to this summary)

	Date	Details	Cost
1			
2			
3			
4			
5			
Amounts brought forward from continuation sheet (see overleaf)			
Total:			

Committee pre-approval for expenditure / project (if required):

Was prior Committee approval required for this?

If yes, date approved:

Notes:

Claimant's declaration and signature:

I, _____, certify that:

- * the particulars on this form are correct and in accordance with SASAC regulations;
- * these expenses have been actually and necessarily incurred by me on SASAC business;
- * I have not already been reimbursed for these expenses, from any source, and if this happens at a future date I will repay SASAC;
- * in the event of discrepancies being found subsequent to payment of this claim, I agree to repay any overpayment.

Signature:

Date:

All claims must be checked and signed for by a SASAC Committee Member:

I, _____ confirm that I have examined the above claim and checked the receipts and proofs of expenditure supplied, and am satisfied that this is a valid claim:

Signature:

Date:

To be completed by Treasurer:

Payment made by **cash / cheque / bank transfer** * on ____ / ____ / ____

Signature:

Date:

St Albans Sub-Aqua Club
Expense Claim Form - Continuation Sheet

Expense details -receipts or proof of expenditure and usage must be attached for all expenses.

(If you have more than five entries use this continuation sheet, and bring the total of this sheet to the summary overleaf)

	Date	Details	Cost
1			
2			
3			
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30			
Total to be carried forward to expense summary overleaf			