CLAIM FORM

Receipts for all money claimed must be attached.

THE STUDENTS' union activities

Full Details of claim (inc: dates, reason, any contribution)	Amount £	Amount P

Number Plate (for petrol claims) _____

Date: _____

Payment to be made payable to _____

Email address:

By Cash / BACS / Cheque (delete as applicable)

Received by: _____
Cheque Number: _____
Date: _____

TOTAL

ACTIVITIES

Name of Activity: _____

Authorised 1: _____

Authorised 2: _____

Account No.	Amount	

FOR ACTIVITIES DEPARTMENT USE:

Narrative:

Authorised By S/A Staff Member _____

Approved by: SMT #1_____ SMT #2_____

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