



# Victoria Village Hall, Abersychan

## Trustees Reimbursement & Debit Card Spend

### 1. Claimant Details

Full Name:

Role (Trustee/Volunteer)

Address:

Postcode:

Email:

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### 2. Claim Summary

Claim Reference

Date Submitted:

Total Amount Claimed (£):

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### 3. Expense Reimbursement Details

Date	Description	Supplier	Amount (£)	Receipt (Y/N)

Subtotal (Reimbursement): £\_\_\_\_\_

#### 4. Hall Debit Card Spend

Date	Description	Supplier	Amount (£)	Receipt (Y/N)

Subtotal (Debit Card Spend): £ \_\_\_\_\_

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#### 5. Total Summary

Total Reimbursement Claim: £ \_\_\_\_\_

Total Debit Card Spend Recorded: £ \_\_\_\_\_

Grand Total (for record purposes): £ \_\_\_\_\_

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#### 6. Declaration

I confirm that the above expenses were incurred wholly for Victoria Village Hall purposes, are accurate, and supported by receipts where required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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#### 7. Approval (Trustee Use Only)

Approved By (Name): \_\_\_\_\_

Role: \_\_\_\_\_

Approved Amount (£): \_\_\_\_\_

Date Approved: \_\_\_\_\_

Signature: \_\_\_\_\_

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#### 8. Payment Details (Office Use Only)

Payment Method:  Bank Transfer  Cash  Other

Date Paid: \_\_\_\_\_

Reference/Transaction ID: \_\_\_\_\_