Victoria Village Hall, Abersychan

Trustee Expense Claim Form

Please complete all relevant sections. Attach receipts for all claims except mileage. Submit within 30 days of the expense.

Trustee Infor	mation			
Full Name:				
Address:				
Email:				
Phone:				
Date of Subr	mission:/	/		
Expense Deta	nils			
Date	Description of Expense	Category (e.g., Travel, Postage)	Amount (£)	Receipt Attached? (Y/N)
Total Amour	nt Claimed: £ _			-

Declaration

I confirm that the above expenses were incurred wholly, exclusively, and necessarily in the course of my duties as a trustee of Victoria Village Hall, Abersychan. All claims are supported by receipts (where applicable) and are in line with the Trustee Expenses Policy.

Signed (Trustee):	
Date: / /	
For Treasurer Use Only Reviewed By (Name):	
Position:	
Date Approved: / /	
Payment Made On: / /	
Authorised Signature:	