PLYMOUTH ADVANCED MOTORCYCLISTS

**EXPENSES CLAIM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Telephone: |  |
| Address: |  | Bank: |  |
|  | Sort Code: |  |
| Post code: |  | Account Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Expense incurred** | **Description** | **Amount** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL** |  |  |

**Notes**

* All expenses should be cleared with the Committee before they are incurred and MUST be supported by a validated supplier’s receipt. Observers fuel expenses have been pre-authorised and no receipt is required.
* **Expenses should be claimed within 2 months of being incurred.** The group may refuse to payexcessively old expenses**.**
* **Once completed, Please email your claim form to** [**treasurer@Iampam.org**](mailto:treasurer@Iampam.org)
* **The Treasurer aims to pay your claim by BACS within 7 days.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Authorised: |  | Paid on: |  | Ref: |  |

Expense Category:

Auditor Checked :- Name Date Checked / /