PLYMOUTH ADVANCED MOTORCYCLISTS

**EXPENSES CLAIM**

|  |  |  |  |
| --- | --- | --- | --- |
|  Name: |  | Telephone:  |  |
| Address: |  | Bank Details |  |
|  | Sort Code |  |
| Post code: |  | Account Number |  |
|  **Date of purchase** |  **Description** | **Amount** |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  Total Claimed |   |   |   |

 **Notes**

All expense claims, must comply with the GROUP EXPENSES POLICY, which is available to all membersand on the group website.This policy should be read before an expense claim is made.

 **The group may refuse to pay** **expenses claims which are older than older than 2 months**

I confirm that the above expenses claim is accurate, and the expenses were incurred in connection with the aims and objectives of the charity.

|  |  |
| --- | --- |
| Signed: | Date /   / |
|  Authorised: |  | Paid on: |   | Cheque no. |  |

|  |  |
| --- | --- |
| **Expense category:** | **Auditor checked:** |