PLYMOUTH ADVANCED MOTORCYCLISTS

**EXPENSES CLAIM**

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