



**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 members and 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:		