



ARBROATH ST. THOMAS

Expenses Claim Form

Name: _____

Address: _____

Postcode: _____

Phone: _____ Email: _____

Expenses (receipts for each payment with transaction date must be attached; if no receipt please say why)

Date	Description of Expenses	Amount (£)

Date	Expenses to be offset against	Amount (£)

Total Claimed Expenses - £

I confirm that this is a true record of expenses I have incurred on behalf of St Thomas Swimming Club.

Signed: _____ Date: _____

Name of authorising committee member: _____

Club Use Only

Date received	Date checked	Date paid