## **Central England Area Quaker Meeting**

## Area Meeting / Local Meeting Expenses Claim Form

Name:					
Period co	overed (if relevant):				
General	expenses including bus	s or train trav	rel		
Date	Item	Cost	Receipt Y/N	Authorisation for this expense	* Notes
	Total				
or Comm		nager (name).		Librarian, member of Premises Commive prior approval from their line manag	
Signed by claimant					date
Payment authorised* by (signature)					Date
	t method preferred (tick				
Cheque	Electronic trans	ter	Sort code A	∖cc. No.	