

Expenses Slip

I wish to claim reimbursement for the following expenses. I agree that the claim is accurate and incurred in connection with the business of the charity.

Please tick to indicate whether:

- I have attached an invoice or receipt (copy or original)
- I will email an invoice or receipt (copy or original)

Item of Expense: _____

Name: _____

Cost: _____

Date: _____

Signature: _____

Authorised: _____

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