



THE UNIVERSITY OF THE THIRD AGE
NEWARK AND DISTRICT

Expenses Claim Form

Name _____ Date _____

Group _____ Event _____

Details of Claim _____

Date	Expense	Receipt attached	Value £
Total			

I confirm that these expenses have been incurred essentially and exclusively on behalf of Newark & District U3A

Signed _____ **Treasurer** _____

Payment Details		
Cheque Number	Value £	Date



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