

## Expense Claim

Name

Date of Claim

| Date | Item | Activity / Event | Amount |
|------|------|------------------|--------|
|      |      |                  |        |
|      |      |                  |        |
|      |      |                  |        |
|      |      |                  |        |
|      |      |                  |        |
|      |      |                  |        |
|      |      |                  |        |
|      |      |                  |        |
|      |      |                  |        |
|      |      |                  |        |
|      |      | Total            |        |

I claim for the above amount which has been spent on behalf of GAF. Please sign.

Approved by

Trustee approval required for more than £50

Please make payment by Cheque/ Bank transfer (delete as appropriate)

(If payment made by GAF Bank Card please tick box below)

|                       |                 |                             |   |
|-----------------------|-----------------|-----------------------------|---|
| <b><u>Cheques</u></b> | Send to Address | <b><u>Bank Transfer</u></b> | <b><u>Bank Card</u></b>   |
| line 1                |                 | Bank                        | <input style="width: 50px; height: 20px;" type="text"/>   |
| line 2                |                 | Sort Code                   | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> |
| line 3                |                 | Name of Account             |   |
| Post code             |                 | Account Number              |   |