This form should be completed to claim approved funding. Please use BLOCK CAPITALS and attach all corresponding receipts to this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | **Email** |  |
| **Membership number** |  | **Address** |  |
| **Name(s) of beneficiaries**  **(if different from above)** |  |
| **Funding approved for**  **(brief description)** |  | | |

Payment should be made by:

|  |  |
| --- | --- |
|  | Select one |
| BACS |  |
| Cheque |  |

If you have selected BACS

|  |  |
| --- | --- |
| **Account name** |  |
| **Bank** |  |
| **Account number** |  |
| **Sort code** |  |

If you have selected cheque

|  |  |
| --- | --- |
| **Name that the cheque should be made payable to** |  |

Receipts (or confirmation of cost, if paying a fixed amount)

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense description** | **Receipt (check if attached)** | **Amount**  **(£)** | **Budget code**  **(office use only)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL** |  |  |

I confirm that all of the information provided is accurate and that all funds claimed for have been approved.

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

For office use:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date received** |  | **Approved by** |  |
| **Date approved** |  | **Signature** |  |