

Sheffield Lifesaving Club - Payment Claim



Budget Names:
Claim Date:
Who should the money be payable to:

Method of Payment (please delete as appropriate): CASH / CHEQUE / BANK PAYMENT

NOTES

1. Proof of purchase must be attached to this form
2. Please state date, destination and reasons for all travel claims
3. Please state MILEAGE if claiming fuel costs (petrol/diesel)

DESCRIPTION OF CLAIM	AMOUNT
TOTALS	

By signing this form you agree that all claims have been approved prior to purchase/spend and that all information is accurate.

Person completing form:	Signature
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Authorised Budget Signatories

1.	Payment Received:
2.	Date Received: