## **HARTLEY ARTS GROUP - EXPENSES CLAIM FORM**

Name:		Date:		-
Expense Type:	Show/General*			
Show Name:				
Authorised by:	Name:	Signature:		
	Description		Value	Receipt?
		TOTAL	0.00	
			-	
Payment Method R	equired: Cheque/E	Bank transfer*		
·				
Following information require	ed if payment by Transfer reque	ested Followin	g section for Trea	surer use only
Bank Account No.		Ref nu	ımber	
Sort Code		Paym	ent date	

<sup>\*</sup> Delete as required