

Treasurer Use Only

Ref No:

Amount £: -

Cheque No:

Issued: /

Cleared:

Expense Claim Form

Please use this form for all claims for reimbursement of expenses incurred on behalf of St John's School PTA.

Payee:

(To whom the reimbursement cheque will be made payable)

Purpose:

Total Amount Claimed: £ -

Receipt Details (Please attach all receipts):

1.	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

More than 6 receipts? Please complete another form.

Signed: Date: / /

Please contact me when cheque is ready via: Phone Email In Person (Tick)

Contact Details:

Return the completed form with receipts to the School Office marked F.A.O: PTA Treasurer or hand to the PTA Treasurer in person.