



Activities Department

Claim Form

Date submitted _____

Name of club/society _____

Cost Centre _____

Account code (member or grant and no:) _____

Expenses (full details):

TOTAL AMOUNT _____

Cheque made payable to:

Signed by club treasurer:

Counter signature (President or Secretary only):

All receipts or invoices must be attached to process the claim.

FOR ACTIVITIES OFFICE USE ONLY

Signature (received) _____

Date passed to finance _____

FOR FINANCE OFFICE USE ONLY