Name of Claimant Contact Telephone No Email Address

Sort Code Account Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Event** | **Description** | **Date** |  **Amount**  |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |
| 4 |   |   |   |   |
| 5 |   |   |   |   |
| 6 |   |   |   |   |
| 7 |   |   |   |   |
| 8 |   |   |   |   |
| 9 |   |   |   |   |
| 10 |   |   |   |   |
| * Claims of over £5 cannot be reimbursed without a receipt.
* Attach and number receipts / invoices as appropriate.
* Include each individual receipt on a separate row
 | Total amount claimed to be paid | £ |  |

I confirm that the expenses claimed on this form have been actually and necessarily incurred by me, solely for The Heights PTFA

Signed by claimant Date Approved by Event Organiser Date

Please return this form (with your receipts attached) in an envelope, marked "PTFA Expense Claim", to The Heights PTFA Treasurer via the PTFA box located in the school reception

Any queries can be sent to The Heights PTFA Treasurer either by marking for the attention of the Treasurer to PTFA@theheightsprimary.co.uk or by using the PTFA box