



Expenses Claim Form

Claimants Name:

Group Name:

Claimants Address:

Item (please make sure that receipts are attached)	£
Total	

Signed.....Date.....

Send to Marian Corbishley, Hon.Treasurer, 4 Lomond Grove, Cheadle, Staffs ST101SZ

Cheadle u3a **Charity Number 1072364** **www.cheadleu3a.org**