



# St Martins PSA

## Reg. Charity No. 272330

### Expense claim form

**Treasurer use only**  
 Request No. \_\_\_\_\_  
 Received: \_\_\_\_\_  
 Approved: \_\_\_\_\_  
 Paid: \_\_\_\_\_

Name: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Bank account details  
 Sort code: \_\_\_\_\_  
 Account number: \_\_\_\_\_

Receipt number	Event	Retailer and description	Date	Amount
<b>Total amount to be paid £</b>				

Please note:  
 - Claims of over £5 cannot be reimbursed without a receipt  
 - Please attach and number all relevant receipts / invoices  
 - Please use a different row for each receipt

I confirm that the expenses claimed on this form have been incurred solely for St Martins PSA

Signed by claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form (and receipts) in an envelope, marked "PSA expense claim" to the PSA Treasurer via the PSA letter box in the School Reception area.  
 Please send any queries by email to [smartinspsa@outlook.com](mailto:smartinspsa@outlook.com)