

# Thornbury & District Stroke Support Group

## Expenses Claim Form

Name:

Date:

Description	Amount
<b>Total</b>	<b>£</b>

I have receipts. Yes  No

*If yes, please hand to the Treasurer when convenient or attach to printed form*

**Signed:** .....

*Get a Word version of this form if you would like to fill the details in on your computer. It can then be emailed to the Treasurer – No need for a signature, the email will authorise the payment.*

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**Treasurer**

**Date Paid:**

**Cheque No:**

Please email the completed form to the Treasurer - [jmshep@sky.com](mailto:jmshep@sky.com)