A Charity for Stroke Survivors in Woking and the surrounding area.
Charity No. 1126721 Stroke Association Network Member www.wokingstrokeability.com

# Expense Reimbursement Form

Name _____

| Date | Description and Purpose | Cost |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |
| | Total | |

Expenses will be payed to the claimant's bank account by BACS. If the Treasurer does not have the required payee details please provide.

| | |
|---|---|
| Account | |
| Name of Bank | |
| Sort Code | |
| Account Number | |
| Reference (if required) | |

I declare that this claim is accurate, incurred in connection with the business of the charity and that all original bills, receipts and debit/credit vouchers are attached

_____

Claim Confirmed – Signature & Date

_____

Payment Authorised -- Signature & Date

Treasurer
Email: treasurer@wokingstrokeability.com Telephone: 01483 323575