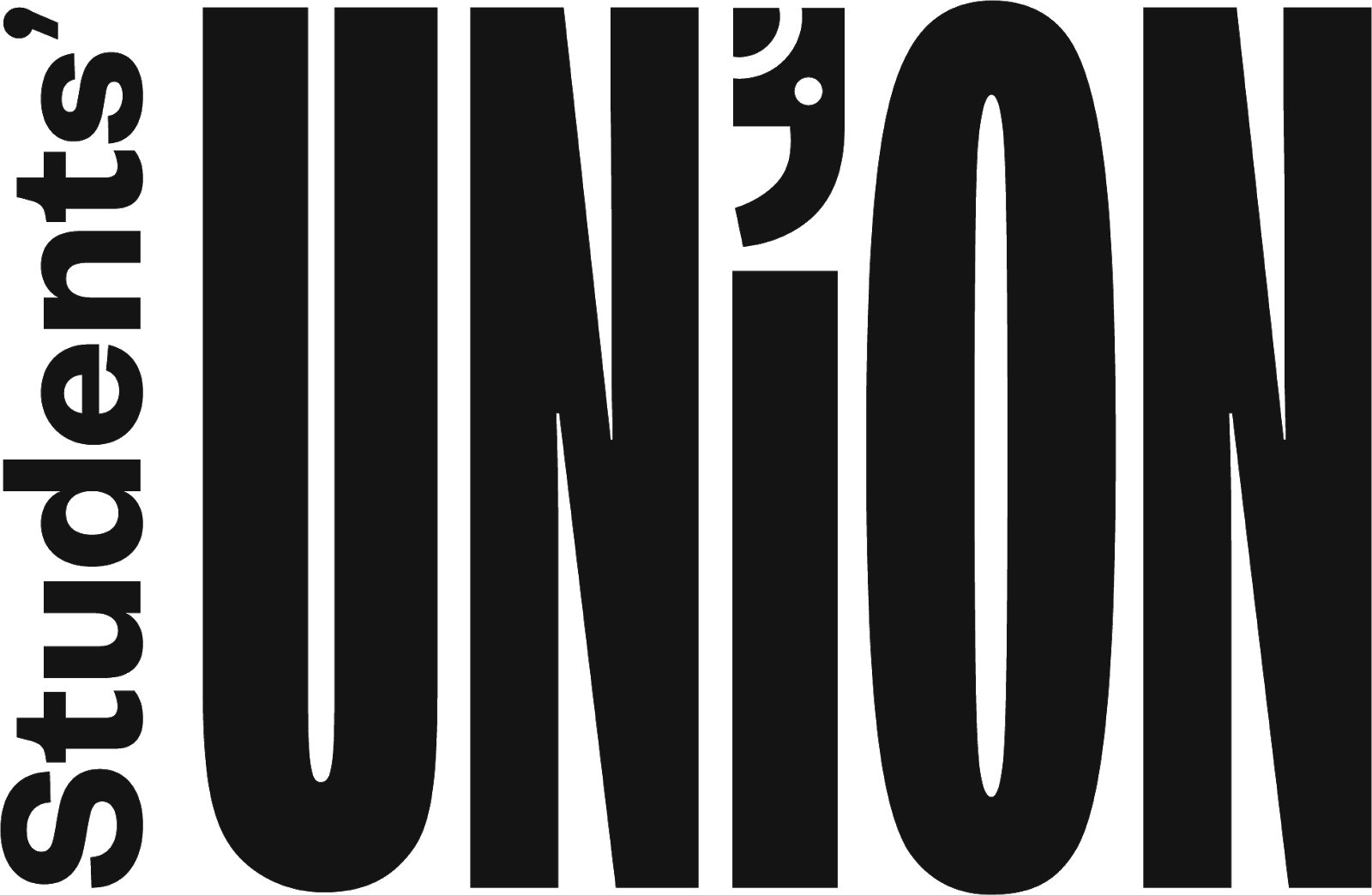
**Claim Form.**

Please attach all original receipts to this document. Please print clearly. Maximum of 6 receipts per claim.

|  |  |  |  |
| --- | --- | --- | --- |
| **Group Name:** |  | **Budget code:** |  |
| **Claimant Name:** |  | **Email Address:** |  |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Claim For:** | **Receipt attached Y/N** | **Cost:** | **Quantity:** | **Total:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL:** | | | |  |

Please provide all bank details to ensure a reimbursement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BANK TRANSFER | Sort Code |  | Account name: |  |
|  | Acc number |  |  |  |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LSBSU Authorisation:** | **Membership Fund Expense:** | **SU Expense:** | **Direct Fundraising Cost:** | **LSBSU Second Authorisation:** |
| Name: |  |  |  | Name: |
| Sign: |  |  |  | Sign: |
| Date: |  |  |  | Date: |

Received By:............................................................ Date…………………………………..