

U3A CENTRAL COAST (NSW) INC.

COURSE LEADER'S EXPENSE CLAIM FORM

Please note: **Up to \$50 may be spent on any one course and reimbursement applied for, with description of purchase**

Any expenditure above \$50 must be cleared with the Treasurer before the purchase is made

Please list all claims, attach all receipts and forward this form to :-
The Treasurer, U3A Central Coast (NSW) Inc., PO Box 1239, Gosford 2250
OR email it to u3acctreasurer@gmail.com with scanned receipts.

Date	Details	Phone	Photocopying	Postage	Stationery	Travel	TOTAL
TOTAL							

Name (please print) _____

Signature _____

Course _____

Date _____

For online payment, please type your bank details below

Name of Bank
BSB
Account Number
Account Name