

**GLAMORGAN ARCHERY ASSOCIATION
CLAIM FOR EXPENSES/GRANTS**

PLEASE COMPLETE IN BLOCK CAPITALS. REIMBURSEMENT FOR EXPENSES AND/OR GRANTS MUST BE AGREED IN ADVANCE BY THE COMMITTEE



NAME _____
 ADDRESS _____

 POST CODE _____

Date	Description of expense (please attach all receipts)	Amount claimed
Total		

Certification

I hereby, certify that the above expenses are a true and accurate representation of the expenses occurred.
 Please return at the latest within three months of the expense in order to receive reimbursement.

Account details

Account name: _____
 Sort code: _____ Account number: _____

Claimants signature: _____ Date: _____

For official use only	
Expense confirmed	_____
Payment authorised (Treasurer)	_____
Date:	_____

Please forward all completed forms and copies of receipts to Steve Chamberlain (steve.GAA@virginmedia.com) or Michelle Wood (m_d_wood@hotmail.com).