



EXPENSES & CONSUMABLES CLAIM FORM

Date:	Payable to ¹ :	
Address:		Post Code:

Srl	Details of Expenses and Consumables	Amount (£)

TOTAL EXPENSES & CONSUMABLES CLAIMED If you do not provide receipts where required Solva Care will not be able to reimburse your claim	
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I certify the above details are correct; expenses and consumables claimed were actually and necessarily incurred in respect of official Solva Care business.

Signature:	Name of Authorising Trustee:
	Signature:

¹ Payment by cheque or BACS (Ensure Clerk/Treasurer has your account number and sort code).