|  |  |
| --- | --- |
| Name |  |

I certify these expenses were wholly and exclusively incurred on behalf of the River Stour Trust. I understand that I can choose to gift expenses back to River Stour Trust as a donation.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**\*\*SUBMIT COMPLETED FORM WITH RELEVANT VAT INVOICE/RECEIPT\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Supplier** | **Reason for expense** | | **Expense Total** | **Approved by** | Office |
|  |  |  | | £ |  |  |
|  |  |  | | £ |  |  |
|  |  |  | | £ |  |  |
|  |  |  | | £ |  |  |
|  |  |  | | £ |  |  |
| **GRAND TOTAL** | **£** | | |

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Bank account details required for reimbursement; but only if this is a first claim or details have changed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Name | |  | | | | | | | | | | | | | |
| Sort  Code |  |  |  |  |  |  | Account Number |  |  |  |  |  |  |  |  |