

Chester U3A Special Expenses Request Form

Name of Group _____

Co-ordinator/member responsible _____

Date _____ Telephone _____

REQUEST (Please give full details of costs including purpose and benefit to the group. Include a separate sheet if necessary)

Item	Cost
	£
	£
	£
	£
Total	£

Where will the Article/Equipment be stored? _____

If you wish to receive the amount due by bank transfer, please provide your bank account details below:

Account name	
Sort Code:	- -
Account number:	

Signature _____

ACTION BY COMMITTEE

The committee has **approved / not approved** the request.

Chair _____

Date _____