

University of London Union Malet Street London WC1E 7HY

**T** 020 7664 2007 **F** 020 7436 4604

**E** a.jelfs@ulu.lon,ac.uk

W http://www.ulu.co.uk

## Claim Form – Sports/Societies

For Expenses or Cheque/BACS Requisitions

Club or Society name:							
Account: Matched / Affiliations	s / Safety / F	acility / Repla	cement	Equipment	/ BUCS		
Self Raised Funds							
Payee:		All Receipts for items claimed must accompany this form					
Payee's address:		Please attach receipts to the back of the form					
		Credit Card slips are not valid receipts					
Payee's Postcode:							
December / Details of Olains	A	A		use only			
Description/Details of Claim	Amount £	Amount Authorised	VAT Code	Nominal Code	Cost centre	Dept	
		]					
		1					
		-					
Total	£	£					
Treasurer's authorisation:		Date:					
Other Club/Society officer:		Position:		Date:			
ULU Authorisation:		Date:					
Supplier Ref:	mber:	Invoice Date:					