

Finance Office  
27 Rutland Gate, London SW7 1PD  
[email: finance@bahai.org.uk](mailto:finance@bahai.org.uk)

**Claim for Payment of Expenses**

**NOTE:** Each claim must be accompanied by a proof of expense (i.e. receipt or invoice)

NAME OF CLAIMANT \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(Please print)**

Address: \_\_\_\_\_

**(Please print)**

Postcode: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account No: \_\_\_\_\_ Sort Code: \_\_\_\_\_

**(Please print)**

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Claimant's signature: \_\_\_\_\_

**DETAILS OF EXPENSES**

Date of expenditure	Details of expenditure	Amount	
		£	p
<b>TOTAL</b>			

**COMMENTS (optional)**

\_\_\_\_\_

\_\_\_\_\_

**NAME OF INSTITUTION/AGENCY/COMMITTEE:**

**FOR USE OF THE AUTHORISED APPROVER**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Nominal Code: \_\_\_\_\_

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Select officer: Chair/Secretary/Treasurer/Accountant

**FOR USE BY THE FINANCE DEPARTMENT**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Code ref: \_\_\_\_\_

Chq no: \_\_\_\_\_

Transfer: \_\_\_\_\_

**PLEASE FORWARD TO FINANCE OFFICE ONCE AUTHORISED**