



# FRIENDS OF CLIVE SCHOOL

## Payment Authorisation Form

Please use this form for all claims for reimbursement of expenses incurred on behalf of Friends of Clive School. Unfortunately we are unable to process any expense claims which are not supported by the original receipts or invoices. Please ensure that these are securely attached and return the completed form to the FOCS Treasurer.

*Itemised List of expenses (use reverse if additional space needed).*

Expense description	Company paid and receipt date	Amount
		£
		£
		£
		£
<b>Total</b>		<b>£</b>

Claimant name: .....

Claimant signature: ..... Date: .....

Bank details: .....

.....

*For FOCS use only.*

Authorisation from signatories for Treasurer to transfer expenses to claimant.

Signatory 1

Signatory 2

Name:		
Position:		
Signed:		
Date:		

Date expenses transferred: .....

Treasurer Signature: ..... Date: .....