Chinese Association of Southampton

Expense Claim Form

Item	Date	Supplier Name	Details	Purpose of Expenditure	Fund	Travel	Subsist	Mileage			Total

*please attach original receipts to the form

Total (GBP) _____ _____

Claimant's Name in Print: _____

Claimant's Signature: _____ Date: _____

Authoriser 1's Signature: _____ Date: _____ Payment Ref: _____

Authoriser 2's Signature: _____ Date: _____ Payment Date: _____

Version 2, June 2018