

SOAS Union - Claim Form

1: Attach receipts to the back of this form. Receipts must be invoices, marked receipts or till receipts. Self-written/ hand written receipts won't be accepted

2: We only pay half for food, and do not pay for alcohol*

3: Claims must be in-line with S.U. Environment Policy e.g. no domestic flights

PAYEE:E-Mail:

AMOUNT:DATE:.....

SOCIETY NAME:

CLAIM EXPLANATION:.....

.....

.....

Please tick how you would like this to be paid:

CASH (Claims <£100) Your cash payment will be ready to collect from G6 in 3 working days

BANK TRANSFER

BANK DETAILS

Sort Code ___ - ___ - ___

Account Number: _____

(For office use only)

CHECKED (General Manager):.....

SIGNED: (SU Co-President):.....

SIGNED (SU Co-President) > £100:.....

(upon payment) PAYEE SIGNATURE:.....**DATE**.....

This form will be subject to scrutiny by the finance department, and external audit. Any irregularities may result in this facility being withdrawn for the individual claiming.

*Exceptions to this rule must be cleared in advance by the Co-President Activities & Events