



Asociación U3A Internacional Costa Brava
(Costa Brava U3A)

EXPENSES CLAIM FORM

Date	Receipt no.	ITEMISED DETAILS	AMOUNT €
TOTAL CLAIMED			

Please attach receipts

**Received from U3A Treasurer for the expenditure listed above, the sum of
_____ Euros**

Signature _____ Date _____

Print Name _____

Approved by _____ (Committee Member)