**Tamar DA – THS Stewards Expenses Claims**

All expenses must be supported by a VAT\* receipt.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Claim: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Item** | **Reason** | **Receipt Total** | **Running Total** | **VAT @ 20%** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
|  |  | **TOTAL:** |  |  |  |

|  |
| --- |
| **Comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses Received:  |  | Date Paid: |  |
| Paid By: | Cash | Cheque | BACs |

|  |
| --- |
| To Be Completed by Treasurer |
| Date of Committee Approval: |  | Voucher No: |  |

\**if applicable.*