



EXETER LITTLE THEATRE COMPANY

Expense Re-claim Form (ELTC01)

DATE OF CLAIM _____

ELTC02 SUBMITTED Y/N _____

All show expenses should be claimed within 14 days of the final performance. The treasurer must be informed immediately if any show expenses are to be claimed later than this

OUR PREFERRED METHOD OF REIMBURSEMENT IS DIRECTLY TO YOUR BANK ACCOUNT

NAME _____

BANK NAME _____ SORT CODE _____

A/C NUMBER _____

ADDRESS (IF TO POSTED)

_____ POST CODE _____

SHOW TO BE CHARGED AGAINST _____

OFFICE ITEM
USE

COST

OFFICE ITEM USE	COST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL AMOUNT OF CLAIM _____

I confirm that the amount claimed is for legitimate expenses incurred by me

Signature _____

1) AUTHORISED

CHEQUE NUMBER

2) AUTHORISED

DATE PROCESSED

____ / ____ / ____