



Show Expenses Claim Form

Name _____ Group _____

Address _____

_____ Post Code _____

Event _____ Date _____

I would prefer to be paid by cheque made payable to _____

Name of Adult Member	Role in Event
1.	
2.	
3.	
4.	
5.	
6.	

LHE/Large Props - supply details (inc vans >2500cc)

Continue on back if more space is required.

Signed _____ Date _____

Countersigned _____ (Jarl/Sturaesman)

Official Use Only

Receipt No _____

Amount issued £ _____

Any person giving false information will be subject to disciplinary action.