

**Chads Theatre Company**

## Member's Expense Claim Form



Please complete and attach / staple your VAT invoices if applicable.

Name :-

Date :-

Production :-

Department :-

(Please keep items for same department together if claiming for more than one)

Date spent	Description of goods purchased	VAT	Total amount spent
	Totals		

(For Treasurer's use)

Paid by :-

Date reimbursed :-

Cheque / Ref No :-

Paid By :-