



ADHO Expenses Claim Form

Name:			
Address:			
Tele:		Email:	

Payment can be by GBP cheque, sent to your address above or for <u>direct payment into your bank account</u> , enter the details below.	
Bank name:	
Bank Address:	
Identification Code:	
Account Code:	

Description (attach receipts where possible)	Amount
Total:	

Signature: _____ **Date:** _____

Return to: Paul Spence, ADHO Treasurer
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