

Rendlesham Parish Council – Expenses Claim form

Please complete all columns and attach receipts before submission

(134)
(0)

NAME OF CLAIMANT: [REDACTED]

DATE OF CLAIM: 27/6/24

INVOICE DATE	DESCRIPTION	COST CENTRE	AMOUNT
27/6/24	FLOWERS FOR [REDACTED] TRS RECOGNITION		35.00
<p>WINDMILL FLORIST 3a Cumberland Street Woodbridge - IP12 4AH :58 Tel No. 01394 384109 21 V.A.T. No. 815 7536 17 10</p> <p>17/06/2024 13:03 04 000000#6179 ZOE</p> <p>FLOWERS £ 35.00 SUBTOTAL £ 35.00 5</p> <p>ITEMS 10 CARD £ 35.00 T</p> <p>AMOUNT £35.00</p> <p>No CVN Used 13:10 27 17/06/24 AUTH CODE: 016205</p>			
		TOTAL CLAIM	35.00

BANK DETAILS FOR ON-LINE PAYMENT (IF NOT ALREADY PROVIDED).

BANK

Account name:

same as payroll.

Sort Code:

Account Number:

R
27/6/24
APPROVED

Signature: _____

[REDACTED SIGNATURE]

X