

Rendlesham Parish Council – Expenses Claim form
Please complete all columns and attach receipts before submission

96
C

NAME OF CLAIMANT: Nicole Delacamp

DATE OF CLAIM: 1/6/24

INVOICE DATE	DESCRIPTION	COST CENTRE	AMOUNT
<u>1/6/24</u>	<u>CARDS FOR PC STAND AT TRS</u>	<u>RPC</u>	<u>4.00</u>
		TOTAL CLAIM	<u>4.00</u>

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

BANK usaa

Account name:

Sort Code:

Account Number:

Signature Nicole Delacamp



160
 Anglia Parkway South
 Bury Road
 Ipswich
 IP1 5QP
 01473 743457
 VAT no. 591272335

SALE TRANSACTION

040235 60 Rev Colour Cards £4.00
 4 @ £1.00

No. items 4
 Balance to pay

£4.00

Mastercard

£4.00

AID: A0000000041010
 MASTERCARD
 Card: *XXXXXXXXXX6121
 PAN Seq Nr: 00

CONTACTLESS
 SALE
 TOTAL: GBP4.00

NO CARDHOLDER VERIFICATION

Auth: 090909
 Merchant: ***0346
 TID: ***1969
 Trans no: 167552
 Date: 01/06/24 Time: 13:46:32

Please retain for your records

CUSTOMER COPY

Last day to change your mind is 15/06/2024
 This does not affect your statutory rights
 Exclusions apply - See overleaf for details

Let us know how we did today?
 For your chance to win a £200 gift card
www.therange.co.uk/storefeedback

Today you were served by Dylan

STORE	TILL	OP NO.	TRANS.	DATE	TIME
0151	6	116301	364778	01/06/2024	13:46



99902015100063647784