

# Educational Electronic CAD User Group

Expenses Claim Form: \_\_\_\_\_

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Purpose of claim and amount:

Meeting/business/event: \_\_\_\_\_

Date(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Item	Rate (if any)	Amount (£)
<b>Total</b>		£ .

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_