



TELFORD AND WREKIN CVS CONSORTIUM

EXPENSES CLAIM FORM FOR (month) 2007

EXPENSES CLAIMED (please tick ✓)

	DATE	AMOUNT
<input type="checkbox"/> Attendance & prep time Consortium meeting	£150
<input type="checkbox"/> Training (please attach invoice/receipt)
<input type="checkbox"/> Attendance at planning away days	£150
<input type="checkbox"/> Refreshments/ Venue (please attach invoice)
<input type="checkbox"/> Other (please specify)

Signature of Claimant: Date:

Name of Organisation..... Approved by (CVS):.....

For office use only: Signature of head body: Date:

Cheque number: Amount: