



FVTC PAYMENT VOUCHER

Please attach all receipts
numbered using 'item #'

CLAIMANT (block capitals): _____

AMOUNT (in numbers): £ _____

DIRECT BANK PAYMENT ☐

CASH ☐
(maximum £50)

CHEQUE ☐
(minimum £50)

If you want to be paid by DIRECT BANK PAYMENT (recommended), please fill out the following details:

YOUR BANK ACCOUNT NUMBER:

YOUR BANK ACCOUNT SORT CODE:

CLAIMANT E-MAIL ADDRESS: _____

DATE: ____ / ____ / ____

SIGNATURE OF CLAIMANT: _____

SHORT DESCRIPTION OF ITEMS

	AMOUNT
Item 1	£
Item 2	£
Item 3	£
Item 4	£
Item 5	£
Item 6	£
Item 7	£
Item 8	£
Item 9	£
Item 10	£
Total	£

COMMITTEE SIGNATURE _____
PRINT NAME _____
DATE: ____ / ____ / ____

TREASURER SIGNATURE _____
PRINT NAME _____
DATE: ____ / ____ / ____

PV Ref
(Treasurer use): _____



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