

Scots Kirk Lausanne Expenses Claim



Name _____ Date _____

Expenses

Date	Description	Amount
Total		

Attach all receipts and tickets to this form.

If the total amount is over **CHF 50.00** your expenses will be paid by bank transfer:

Bank Account Name _____

**Account holder
address (NPA Town)** _____

Bank Account (IBAN) _____

Identify the team on whose behalf you have incurred the above expenses.

Ask the Convenor of that Team to authorise payment of the expenses.

Team _____ **Authorised** _____

Signature: _____

Date: _____