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**EXPENSES CLAIM FORMS**

Name of claimant \_\_\_\_\_ Position/Office \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No \_\_\_\_\_

**EXPENDITURE DETAILS**

TRANSACTION DESCRIPTION	AMOUNT
<b>TOTAL</b>	

Please attach receipts and use more forms if needed

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use only**      Claim Approved/Not approved ( Reasons given below)

Financial Secretary's signature \_\_\_\_\_ Date \_\_\_\_\_

Chairman's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason(s) for Approval/Disapproval \_\_\_\_\_

Cheque No \_\_\_\_\_