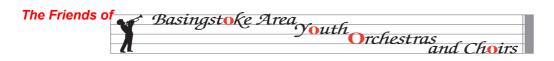


Expense Claim Form

Name			Act	tivity/Ev	ent				
Signature			Dat	te					
I believe	that this cla	aim is accurate a Fr		rred in o		ection wi	ith tl	ne busines	ss of The
Item(s)			Total Ex VAT		,	VAT		Total mount	Receipt Y/
TOTAL CLA	IM								
TOTAL CLA	IIVI								
Claim paid by		Cheque No).	Da		ate		Amount Paid	
Authorised by				Rec			eived by		
Name				Name					
Signature				Signati	ure				
Date				Date					

Payment Authorisation Levels



For Individual Cor	mmittee Expenses	Orders and Payments or Goods and Services			
Chair & Treasurer	Up to £100	Chair, Treasurer & BAYOC Pyramid Head	Up to £500		
As above + Friends Committee via email	£100 and over	As above + Friends Committee via email	£500 and over		