MASTER GLASS PAINTERS TRUST

# Expenses Form for Trust

| | |
|---|---|
| Date of claim | |
| Name | |
| Address | |
| | |
| | |
| Phone | |

**Bank details**

| | |
|---|---|
| A/c Name | |
| A/c No. | |
| Sort Code | |
| Bank Name | |
| Personal / Business | |

**Claim**

| Date | Description | Public transport | Miles @ 45p/ mile | Other | TOTAL |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

Please return completed form with copies your receipts to:

finance@bsmgp.org.uk and cc secretary@bsmgp.org.uk