**Lowe Syndrome Trust – Expense Claim Form**

Please use this form to claim expenses from Lowe Syndrome Trust, upon prior confirmation from the charity staff member. Please return the completed form, along with receipts or proof of purchase, to info@lowetrust.com.

|  |  |
| --- | --- |
| **Event** |  |
| **Claimant name** |  |
| **Email address** |  |
| **Contact number** |  |
| **Date**  |  |
|  |
| **Date of expenditure**  | **Description of expenditure**  | **Amount claimed**  |
|  |  |  |
|  |  |   |
|  |  |  |
|  |  |  |
| **Total amount claimed**  |  |
|  |
| **Account Name:** (if different from above) |  |
| **Account Number:** |  |
| **Sort Code:** |  |
| **Office use only**  |
| **Charity staff signature:** |  |
| **Date of receipt:**  |  |
| **Date of payment:**  |  |
| **Amount paid:**   |  |
| **Received?**  |  |
| **Notes:**  |  |