# Woman Within Europe - Claim in Respect of Out-of-Pocket Expenses for XXX workshop

Date: Oct 2015 Name: Address:

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| **Date** | **List each Reciept**(payment made to:) | Description(which weekend i.e. WW10 / event, date of event and details of expense**)** | **Total****£** | **Photo-copying****£** | **Supplies****£** | **Phone****£** | **Travel****£****incl. mileage** | Post**£** | Other(please specify)**£** |
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|  | **Total for Each Column** |  |  |  |  |  |  |  |  |

***Note: Please fill in all the information above, including which event is your expense for i.e. EC circles, WWI, Board etc.,***

***And total each column.***

Total Claimed ­­­­­­­­­­­£ Signature of person claiming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_