

Igbo Community Association in the Midlands



EXPENSES CLAIM

Name: _____

Address: _____

Phone: _____

E-mail: _____

Expense Claim is Made for:		Amount £	Checked Please Tick <input checked="" type="checkbox"/>
Enter Event: <i>(Meeting / Iwa-Ji / Christmas party / Igbo language Classes / Assets / Members Welfare / Others please specify)</i>			•
Traveling Expenses			
Expenses Type	<i>Food / Drinks / Equipment Hire / Printing / Education / Training / Welfare / Events & Activities / Publicity / Leaflets / Video / Web-site / Postages / Stationery / Artist Fees / Rent / Hall Hire / Seminar / Volunteer Expenses / Assets / Other please specify</i>		
Purchases (Please specify)			
Other (Please specify)			
TOTAL			

Please attaché receipts where appropriate

	Name	Signature	Date
Claimant			
Checked By :-			
Authorized By:-			

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Chairman: Mr. Sam Duru

General Secretary: Mr. Ikechukwu Azige

Financial Secretary: Mr. Michael J.O. Ejiofor