



VOLUNTEER CLAIM FORM

If you need assistance completing this form please contact VP Finance and Commercial Services or the Exec member that you are a volunteer for, or at the Helpdesk, upstairs at LSU.

In order for a claim to be processed, you must complete sections A & B. You must also ensure that your bank details are up to date on the LSU website.

Attach proper VAT receipts.
No receipt, no money.

DATE: / /

PART A - WHO YOU ARE...

CLAIMANTS NAME:

SOCIETY:

If from a society, please select whether this claim is for your: Grant Account or Private Account

ID NUMBER:

POSITION:

The information on this form is correct to the best of my knowledge and is a legitimate claim for expenses incurred or for payments and allowances as stipulated in LSU policy.

YOUR SIGNATURE: _____

YOUR POSITION: _____

COUNTER SIGNATURE: _____

YOUR POSITION: _____

PART B - DETAILS OF CLAIM...

Please provide a full description of the claim, including what, where and when the payment occurred, along with the amount.

DESCRIPTION:	AMOUNT:
TOTAL:	

PART C - APPROVAL... (To be completed by Exec member incharge of section)

This is a legitimate claim under LSU policies, and there are funds available in this account. I am the Budget controller for this account.

WHERE THE MONEY IS COMING FROM...

VOLUNTEER SECTION:
(department, clubs, societies)

CODE:

SIGNED: _____

NAME:

PART D - FOR OFFICE USE ONLY...