U3A FOYLE

Tutor Claim Form

Pascal McDonald House
Gransha Park
Londonderry
BT47 6TG

Tutor Name .....

Address .....…….

.....……..

.....…….

Class	**Date**	**Time**	**Number present**	**Amount claimed**
			Total	

Total claimed £ ……

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Office Use Only

Payment Authorised by ……Date ……

Cheque signed by …… ……Cheque No ……

Amount Paid £ ……