SCOTTISH GLIDING CENTRE

SGC Expenses and Purchase Approval Form

Name:			Date:	

PLEASE PRINT REQUEST IN BLOCK CAPITALS

< £30:	Submit claim to office
< £100:	Get head of dept to submit claim to office
< £500	Get prior approval from any Board member
< £1,000	Get prior approval from Treasurer
> £1,000	Get prior approval from Board

Please attach order quote if >£500		**Purpose***	**Tick if VAT included**	**Total**
Car mileage claim *(from: [place] to: [place])*		Purpose	Miles à 45p	
From:	To:			-
From:	To:			-
From:	To:			-
From:	To:			-
			Total	**-**

	Name	**Date**
Requested by:		
Approved by:		
Order placed by:		

* *Purpose is to allocate cost to correct category, e.g.*
Glider LOV: wheel
Clubhouse light switches
Tug maintenance: oil filter

NB:
All orders MUST go through the office, unless otherwise agreed.

If this is an expense claim, please add bank details:
Acc name
Acc number
Sort code

FOR OFFICE USE ONLY	
A/C	
Nominal	
Dept	
Xtion	
Date Paid	