Payment Receipt

**(To be given to claimant)**

| Date: | Blank cell | Receipt no: | Blank cell |
| --- | --- | --- | --- |
| Amount: | Blank cell | Charged to:(include cheque number if payment if over £15 and made from bank account) | Blank cell |
| Description: | Blank cell |
| Received by:(claimant) | Blank cell |
| Approved by: | Blank cell |

**Payment Receipt Copy**

**(To be retained by association)**

| Date: | Blank cell | Receipt no: | Blank cell |
| --- | --- | --- | --- |
| Amount: | Blank cell | Charged to:(include cheque number if payment if over £15 and made from bank account) | Blank cell |
| Description: | Blank cell |
| Received by:(claimant) | Blank cell |
| Approved by: | Blank cell |