

Friends of Teso (Uganda)

Name:

Date:

Quarter: To

Item No.	Subject	Cost Claimed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL:		

If expenses are to be gift aided to Friends of Teso (Uganda), tick here:

Signed:

Agreed: