

EPSOM AND ST. HELIER UNIVERSITY HOSPITALS NHS TRUST

# REQUEST FOR CHARITABLE FUND MONIES

Charitable Fund Name: …………………………….. Fund Cost Centre……………

……………………………………………………….. Expense Code:..………………

Amount Required: £…………………………………

Payable to: ……………………………………………

Cheque details Bank Details

Name on cheque (if different from above): Sort Code: \_ \_- \_ \_- \_ \_

Name and address of person to send cheque to Account no: \_ \_ \_ \_ \_ \_ \_ \_

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Purpose of Payment (details in full):..…………………………………………………………………………..

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Till receipts / invoices / proof / relevant paperwork must be attached.

NHS Charitable Funds have certain limitations on their usage and unless we are given full details, we may be unable to authorise payments, as we must comply with statutory regulations.

Authorised Signatories (if over £1,000 General Manager to sign **as well**)

1. ………………………………………………… 2. …………………………………………………..

Print Name: ………………………………………….. Print Name: ………………………………………

Dated: ……………………………………………….. Dated: ………………………………………………