

STUDENT GROUPS WITHDRAWAL FORM

STUDENT GROUP NAME:	SU FINANCE CODE: DATE://
DETAILS:	
AMOUNT: £	Proof of Purchase (e.g. receipts/invoices/mileage claim form) must be attached to this form for your claim to be processed.
I confirm that all expenses have been incur	rred in accordance with the financial regulations and receipts attached:
PRINT NAME:	SIGNATURE:
CHAIR/VICE CHAIR FINANCE (Sports & Socs)/ VICE CHAIR (AUTHORISATION	Networks) STUDENTS' UNION AUTHORISATION
PRINT NAME:	PRINT NAME:
SIGNATURE:	SIGNATURE:
All expenses claims will be paid by BACS: F	
I have previously completed a Bank Details Form	nk This is my first claim/my bank details* have changed
	and a completed Bank Details Form is attached *delete as appropriate
, ,	o that we can process your application to remove funds from your student group account. We will only use this Knox Cropper our auditors for auditing purposes. The processing of this data is necessary to enable us to process the s and that we meet our legal obligations.
	described by the control of the cont

Please note that Worcester Students' Union is the Data Controller and details of how we process your data including how long we retain it and your rights are detailed on our Student Data Privacy Notice which can be found at https://www.worcsu.com/yourunion/gdpr/.