

## Board Member Expenses Policy – Appendix 4

For office use:

Account Code	Added By	Date Added

### Account Opening Request Form

This form should be completed before submitting your first expenses claim form.

Contact Details	
Full Name *	
Address (including post code) *	
E-mail address *	
Telephone number *	

Bank Details	
Bank name *	
Account holder name *	
Sort code *	
Account number *	

Signature *	
Signed by *	
Date *	

Please return the completed, signed form to [charity.secretary@alexandrapalace.com](mailto:charity.secretary@alexandrapalace.com)