



## **SOUTH EAST OPEN STUDIOS**

### **AREA CO-ORDINATOR NETWORKING MEETING EXPENSES CLAIM FORM**

**Name:**

**ACO Area:**

**Date of Introductory Meeting:**

**Name to make cheque payable to:**

**Address to send payment:**

**Amount Claimed (up to £15.00 per ACO area): £  
(Receipts must be attached)**

**Please return whole sheet to:-**

**Hazel Addley  
The Flat, 156 The Street  
Boughton-Under-Blean  
Faversham  
Kent ME13 9AL**

**NB. Claims must be submitted within a month of the meeting for which the claim is made or by end of May (whichever is soonest) and be accompanied by the receipt(s) for the items being claimed.  
Any claim queries, please call Hazel on 07763 064484 or by email at [treasurer@seos-art.org](mailto:treasurer@seos-art.org).**

**Any queries regarding the meeting please contact Felicity Flutter by email at: [acos@seos-art.org](mailto:acos@seos-art.org).**

**Office use only:-**

**Date received:**

**Amount paid:**

**Date paid:**

**Cheque no.:**