**EXPENSES CLAIM FORM**

|  |  |  |
| --- | --- | --- |
| **Name:** | | **Job Title:** |
| **Address**: | | |
| **Month / Quarter Ending:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Details - Committee / Location etc.** | **Other**  **Expenditure** | | **Miles** |
| **£** | **p** |
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|  | **TOTALS** |  |  |  |
| **CUMULATIVE MILEAGE** | **Travelling** …………… **miles @ 45p/m** |  |  |  |
| **(6th April to 5th April)** | **Travelling**  …………… **miles @ 25p/m** |  |  |  |
| …………..………….. | **Total expenses claimed** |  |  |  |

*Attach Receipts for ALL Other Expenditure*

**I apply for reimbursement of the above expenses that have been necessarily incurred by me in carrying out my duties.**

|  |  |  |
| --- | --- | --- |
| **Signed:** |  | **Date**: |

OFFICE USE ONLY

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| ***Approved (sign):*** |
| ***Position / Date:*** |