**EXPENSES CLAIM FORM**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Details - Committee / Location etc.** | **Other****Expenditure** | **Miles** |
| **£** | **p** |  |
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|  | **TOTALS-Page 1** |  |  |  |
|  | **If additional room is required, use next page – Transfer TOTALS here:** |  |  |  |
|  | **TOTAL : ALL PAGES** |  |  |  |
| **CUMULATIVE MILEAGE** | **Travelling** …………… **miles @ 45p/m** |  |  |  |
| **(6th April to 5th April)** | **Travelling**  …………… **miles @ 25p/m** |  |  |  |
| …………..………….. | **Total expenses claimed** |  |  |  |

**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

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

*Attach Receipts for ALL* Other *Expenditure*

EXPENSES CLAIM FORM

Page 2 of

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Details - Committee / Location etc.** | **Other****Expenditure** | **Miles** |
| **£** | **p** |  |
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|  | **TOTALS CARRIED FORWARD** |  |  |  |