EXPENSES CLAIM

Name:

Role:

For payment by bank transfer please provide details:

Account Name:

Account No: Sort Code:

If you would prefer a cheque, please provide details:

Payee …………………………………………………………………………………………………………………………………………………………………

Address ………………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………… Postcode…………………………………...

Signed: …………………………………………………………………………………………………… Date: ………………………………………….

Expenses claim for: General Expenses

|  |  |
| --- | --- |
| **Description** | **Cost** |
| Travel Mileage ( miles @ 45p)   |  |
| Telephone: |  |
|  Other – attach receipts: |  |
| Total |  |

Please send to:

Christine Cheesmur, Cinderwood, Copthorne Road, Copthorne RH10 3PD