**EXPENSES CLAIM FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | | | Membership Number: | |
| Appointment: | | | | Period of Claim | |
| I would like to be paid by: | | | | | |
| BACS |  | Please supply Bank details if not previously submitted | | | |
| Bank: | | | Account Number: | | Sort Code: |
| Cheque |  | Please supply address: | | | |

Travel (Mileage is paid at 45p per mile or 50p per mile if you have passenger(s) going to the same event)

|  |  |  |
| --- | --- | --- |
| Date | Journey and Reason | Miles |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Passenger Name(s) |  |
|  | Total Miles |  |
|  | Total Mileage Claim (total miles x 45p or 50p) |  |

Other: including Fares, Parking, Postage, Photocopying, Printer Cartridges (Please attach a valid receipt)

|  |  |  |
| --- | --- | --- |
| Date | Item and Reason | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total | £ |

Total Claim:

Receipts Attached/Scanned

Signed/Sent by e-mail: …………………………………………………………………………………………………

This form should be e-mailed to Cliff Dumbell (Somerset North Treasurer), at least quarterly.

[treasurer@girlguidingsomersetnorth.org.uk](mailto:treasurer@girlguidingsomersetnorth.org.uk)

Bank Account details and addresses will be redacted, and the form will be retained securely in support ofthe annual accounts of Girlguiding Somerset North.