**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

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