

**Expenses Claim Form** (dated 19th July 2017)

Please send to your Manager or Committee Chair for approval and then send to Corinna Furse, Day Cottage, Lower Froyle, Alton, Hampshire, GU34 4LL.

Name			
Address			
Telephone		Email	
Period Ending		Committee	
Signed		Chair's Signature	

***Please make sure all details are legible (so that payments are correctly made) and include original receipts. Where possible please complete a separate claim form for each committee-related activity.***

Dept	Code	Type of Expense	Date	Details	Amount
	7100	Travel – Car (miles):			
	7100	Travel – Other			
	7301	Postage:			
	7300	Photocopying/Printing:			
	7303	Stationery:			
		Other (please specify)			
		<b>TOTAL:</b>			

\* Mileage is 45 pence per mile.

\*\* Include mode of travel and destination. Travel must be claimed at the cheapest rail fare where practicable.

**ALL EXPENSES MUST BE CLAIMED WITHIN THREE MONTHS OF EXPENDITURE AND IN ACCORDANCE WITH THE CURRENT INTERNAL FINANCIAL CONTROLS POLICY**