**Expenses Claim Form**

Please claim within one month of the event or termly for other expenses.

|  |  |
| --- | --- |
| **Name** |  |
| **Membership no.** |  |
| **County role** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period**  | **From:** |  | **To:** |  |
| **or** |
| **Event** |  |
|  | **Details** | **Cost** |
| Fares |  |  |
| Mileage | *45p a mile* |  |
| Postage |  |  |
| Telephone |  |  |
| Stationery |  |  |
|  |  |  |
|  |  |  |
| *Please attach receipts where applicable.* | **TOTAL** |  |

**Payment will be made by bacs transfer.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sort code** |  |  |  |  |  |  | **Account no.** |  |  |  |  |  |  |  |  |
| **Account name** |  |

|  |  |
| --- | --- |
| **Remittance email** |  |

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| --- |
| Please email to: county.treasurer@girlguidingessexsoutheast.org.uk |