

**Claim for Expenses (Accounts Form 04)**

To be passed to the Treasurer for payment

*Please attach invoice/till receipt whenever possible.*

**Group:** Claimants Name:

Claim covers the period: to

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred Payment Method  *Enter ‘X’ in check box* | Bank Transfer | Cheque | |  |
| Account details for Bank Transfer | Sort Code | | Account Number | |
| Postal address for Cheque |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expense Type** | **Details** | **Amount Claimed** | | |
| Stationery |  | £ |  |  |
| Postage |  | £ |  |  |
| *Any other expenses (please specify)* |  |  |  |  |
|  |  | £ |  |  |
|  |  | £ |  |  |
|  |  | £ |  |  |
|  |  | £ |  |  |
| Car Mileage | 45p per mile | £ |  |  |
| Home computer printing copies | @ 8p B&W sheets | £ |  |  |
| Home computer printing copies | @ 8p Colour sheets | **£** |  |  |
| *Printing includes photocopying* | **Total** | **£** |  |  |

Claimant Signature:

Date:

Authorised by (Group Leader):