

Training and Special Meetings Expenses Claim Form

Please complete all the numbered items 1 to 7 and forward to John Heneghan at the address above.

Failure to complete item 7 will result in a delay to the payment of your expenses claim.

- 1 Meeting: _____
- 2 Date of Meeting: _____
- 3 Journey From: _____
To: _____
- 4 Total mileage claimed
- 5 Meals and other expenses £ _____
(please provide a receipt)
- 6 Name (print) _____ Signed _____
Local Association _____ Date _____

For Treasurer use only		Reference
<input type="text"/>	Miles @ 40p	<input type="text"/>
PLUS		
Total Claim: _____	BACS Ref: _____	
Cheque No: _____	Cheque Date: _____	
Code: _____		

Below, please complete **either** name and address (for cheque) **or** Bank details (for bank transfer)

- Confirmation of Payment** Expenses claim dated: _____ for £ _____
- 7 This part of the form will be returned with your payment (if by cheque).
Please fill in your name and address (including postcode) in the box below left (BLOCK CAPITALS).

Account Name _____

OR Sort Code _____

Account Number _____

e-mail address _____

(for confirmation of payment)

Thank you for your help in this matter