



EXPENSES CLAIM FORM

Please attach receipts

Cheque number:

NAME:

| Date | Details: Destination and purpose of journey and/or Item/s purchased | Travel car* | Public Transport | Hotel | Other expenses | Total |
|------|---|-------------|---------------------|--------|-------------------|--------|
| | | | £ : | £ : | £ : | £ : |
| | | | £ : | £ : | £ : | £ : |
| | | | £ : | £ : | £ : | £ : |
| | Total Amount Claimed | | | | | £ : |

*Mileage @ 45p per mile (HMSO rates). *Mileage calculated at shortest practical route

I declare that the details above are correct and I claim the amount shown.

I certify that I am making the attached expenses allowances claim because I incurred expenditure in excess of that which I would normally have incurred had I not been travelling in the performance of my duties and/or had I not been engaged on Town Council business.

Signed:

Date:

Authorised :

Date: