Expenses Claim Form

Claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

# Stationary Items

|  |  |  |
| --- | --- | --- |
| Description | Date | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
| Total stationary claim | |  |

# Miscellaneous expenses

|  |  |  |
| --- | --- | --- |
| Description | Date | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
| Total miscellaneous claim | |  |

# Mileage

|  |  |  |  |
| --- | --- | --- | --- |
| Description of journey | Date | Miles @ 45p | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total mileage claim | | |  |

|  |
| --- |
| **Total amount claimed** |

Clerk signature: Chair signature:

Date: Date:

Approved at meeting held on:

Date of payment (cheque number if applicable):

Receipts