

EXPENSES CLAIM FORM

NAME		DATE			
COMM	IITTEE MEMBER	/ GROUP LEADE	ER (delete as	s appropriate)	
CLAIM DETAILS				£	
			•		
FROM	ТО	MILES	RATE (40p per mile)	£	
	•	•			
			TOTAL		
Approved by	y		Date		
Cheque No.					