



EXPENSES CLAIM FORM

Name:	Address:
	Postcode:

If you would like to receive your expenses directly into your bank account, please provide bank details here :

Sort Code :	Account number :
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Please use a separate sheet for each 'event'

Date	Expense details - reason for the journey or expenditure claimed	Miles at 40p per mile	Claim Total £ : p
			:
			:
			:
			:
			:
			:
TOTAL EXPENSES CLAIMED			£ :

Signature:..... **Date:**

Please return form to: **The County Administrator, Girlguiding Worcestershire,
Acre Lane, Droitwich Spa, Worcestershire WR9 9BE**

PLEASE ATTACH RECEIPTS AND OTHER SUPPORTING DOCUMENTATION