**Girlguiding Cornwall**

**Mentor Expenses Claim Form**

Mentor Co-ordinator Signature Date

THE PERSON DESIGNATED ABOVE MUST SIGN CLAIMS

Payments are made on completion of mentoring or earlier, if required.

Please indicate whether final or interim claim (Please tick)

TRAVEL EXPENSES TOTAL

 Coach/Bus £ :

Rate per mile Train £ :

For cars p Car Miles Car £ : Total travel £ :

(Please give details of travel expenses on the reverse of this Claim Form)

POSTAGE £ :

TELEPHONE £ :

PHOTOCOPYING £ : £ :

 GRAND TOTAL £ :

**SIGNATURE** ………………………………………………………...  **DATE** …………………………………………

**We now have Internet Banking facilities which will be much quicker & save on posting payment cheques.**

**Please supply the following details:-**

Your Account Name (*please print*)…………………………………………………………………………………

Your Sort Code □□□□□□ Your Bank Account number □□□□□□□□

Please retain this portion for your records

TRAVEL £ ….…………:……………

POSTAGE £ …..……...:…………….

TELEPHONE £ ……….……:……………

PHOTOCOPYING £ …….………:……………

 **TOTAL** £ …………….:……………… Date applied for ……………………………………. Date received……………………………………..