

Quarterly expenses claim form

|  |  |
| --- | --- |
| Name: | Appointment: |

|  |
| --- |
| Address: |

|  |  |
| --- | --- |
| Your signature: | Date: |

Please submit the form for signature by the appointed person as per below.

Payments are made quarterly for the dates given below. Please circle the quarter being claimed.

**March 1 – May 31 June 1– Aug 31 Sept 1– Nov 30 Dec 1– Feb 28/29**

Travel

Registration number of vehicle ……………………………………….. Is this a company vehicle? Yes/No

If yes, please complete the details on page 2.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Coach/Bus |  | £ |
|  | Train |  | £ |
| Cars @45p/mile | Total car miles |  | £ |
|  |  | Total travel costs | £ |

(Please give details of travel expenses on the reverse of this claim form)

|  |  |
| --- | --- |
| Postage: | £ |

|  |  |
| --- | --- |
| Telephone: | £ |

|  |  |
| --- | --- |
| Photocopying: | £ |

|  |
| --- |
| Equipment: |

|  |  |
| --- | --- |
| \_- | £ |

|  |
| --- |
| Miscellaneous: |

|  |  |
| --- | --- |
|  | £ |

|  |  |
| --- | --- |
| Total expenses claimed | £ |

**Claims to be signed by the appointed persons below: -**

County Executive Members - County Commissioner

County Team Member - County Team Leader

|  |  |
| --- | --- |
| Signature: | Date: |

**Bank details for payment:**

For BACS transfer please supply the following details:

|  |
| --- |
| Account in the Name of (please print): |

**Sort Code** **Bank Account Number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |
| --- | --- | --- |
| Date | Car travel costs – Event name | Miles |
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|  |  |  |
|  | **Transfer total miles to overleaf** Total miles |  |

Company cars

Please complete if your mileage claim relates to using a company vehicle.

Is your company vehicle supplied and fuelled by the company? Yes/No

If YES, please complete the rate you reimburse your company for private miles …………………………

This is the rate we will use to reimburse you for any mileage you have undertaken for Guiding volunteering.