|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **The Central Council of Church Bell Ringers**  Registered Charity No: 270036 | | | | |
| **EXPENSE CLAIM FORM** | | | | | | | |
| **Committee:**………………………………………………………………………………........................ | | | | | | | |
| **Name:** …………………………………………………………………….............................…………… | | | | | | | |
| **Address:**……………………………………………………………………………………………….….. | | | | | | | |
| **Telephone:** ………………………………… **Email**:..………………………………………………….. | | | | | | | |
| **Expenses claimed** | | | | | | | |
| **Reason for expenses:.**………………………………………………………………………………….. | | | | | | | |
| **Date** | **Detail** | | | | | **Amount** | |
|  | Travel by private car……..….. miles at …….…p per mile | | | | | £ | |
|  | Travel by public transport. | | Details……………………………….……………………..  ……………………………………………………………... | | | £ | |
|  | Other expenses | | Details……………………………….……………………..  ……………………………………………………………... | | | £ | |
| Total expenses claimed (where possible please supply original receipts) | | | | | | £ | |
|  | | | | | | | |
| **Please give details of the bank to which repayment should be made** | | | | | | | |
| **Bank name:**………………….…. | | | | **Account name:**………………………………………………….. | | | |
| **Sort code:** ……………………… | | | | **Account number**:…………………….…………………………. | | | |
|  | | | | | | | |
| **Signature:**………………………………………........................... | | | | | **Date:** …………………… | | |
| **Approved:**………………………................................................. | | | | | **Date:** …………………… | | |
| **Notes:**   * Please submit this form to the Committee Chairman as soon as possible after the expenses have been incurred * All expense claims must be with the Treasurer by the end of January following the year to which they relate | | | | | | | |