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|  | **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
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