

# Leicestershire Fieldworkers Expenses Claim Form



Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Date	Particulars of claim	Mileage (car only)* @ 45p/mile		Total Value
			<b>TOTAL</b>	

\*Car Mileage can only be claimed when prior approval has been given by the Trustees

I certify that the expenses claimed have been actually and necessarily incurred by me on behalf of the Leicestershire Fieldworkers. I certify that these expenses will not be reclaimed from another source.

Signed: \_\_\_\_\_ Date; \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

2 copies of this form are required to be handed to the Treasurer. One copy should have all receipts attached. The other copy is to be kept by the Claimant as proof of receipt of funds. Expenses must be claimed within 3 months of being incurred.