



Sussex County Association of Change Ringers
Registered Charity 268588

Expenses Form

Please read the SCACR Expenses Policy on the SCACR website before completing this form.

NAME:

Office Held:

TRAVELLING EXPENSES: 25p/mile within Sussex. CCCBR & SYRF claims – please see expenses policy.

MEETING ATTENDED / JOURNEY	DATE	MILEAGE	COST
			£
			£
			£
			£
SUBTOTAL:			£

OTHER EXPENSES (please submit receipts with the claim form)

DESCRIPTION OF EXPENSE	DATE	AMOUNT £
		£
		£
		£
		£
SUBTOTAL:		£

TOTAL VALUE OF EXPENSES CLAIM ON THIS FORM: £

Signed.....

Date.....

I wish to be paid *by BACS electronic transfer or *by cheque (* delete as appropriate)
(please note that payment by cheque can take several weeks to reach you)

* BACS Transfer: Sort-code Account Number:

* Address to send cheque to.....

Contact email or telephone number of claimant:

Please return this form and supporting receipts to:-
Mrs S Gadd (Treasurer). 1 Southdown Terrace, Steyning, West Sussex, BN44 3YJ.