

Name:   
Address:

Postcode:   
Telephone:

Bank details for claim to be paid into

Name of Account:

Sort Code:

Account Number:

Expenses Claim

Period From: to:

Central Norfolk

District Scout Council

**DECLARATION**   
I declare that these expenses were wholly incurred for the benefit of   
Central Norfolk District Scout Council

Signature of claimant

Date

**Claim**

|  |  |  |
| --- | --- | --- |
| Milage Allowance  (Detailed Overleaf) | Miles @ pence per mile | £ |
|  |  |  |
| Other Expenses  (Detailed Overleaf) | | £ |
|  |  |  |
| Total Expenses | | £ |

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| --- | --- | --- |
| **Date** | **Details of Journey** | **Miles** |
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| **Total Miles** | |  |

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| **Other Expenses** |  |
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| **TOTAL** |  |

Please include all invoices/receipts