

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: Current HMRC rate (45p/mile).**

|  |  |  |  |
| --- | --- | --- | --- |
| **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…………………….**

BACS Transfer information:

Sort-code ………………………………… Account Number: ……………….……………..

Name on Bank Account: ……………………………………………………………………………..

Contact email or telephone number of claimant: ……………………………………………………..