



**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
			£
			£
			£
			£
			£
<b>SUBTOTAL:</b>			£

**OTHER EXPENSES** (please submit receipts with the claim form)

DESCRIPTION OF EXPENSE	DATE	AMOUNT £
		£
		£
<b>SUBTOTAL:</b>		£

**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: .....

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