

Leicestershire Fieldworkers Expenses Claim Form



Name(s): _____

Address: _____

Date: _____

Date	Particulars of claim	Mileage (car only)*		Total Value
			TOTAL	

*Car Mileage can only be claimed when prior approval has been given by the Trustees and will be reimbursed at the current Local Authority mileage rate.

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 returned to the Claimant as proof of receipt of funds. Expenses must be claimed within 3 months of being incurred.