**Expenses Claim Form**

**Name**

**Address**

**Post Code**

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| --- | --- | --- |
| **Date**  | **Expenses detail** | **Amount** |
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* The current mileage allowance is 22 pence per mile.
* Please attach copies of all receipts/invoices relating to the claim.
* Cheques will be made payable to name as it appears above unless notified otherwise.
* BACS payment to be made to:

Account Name:

Bank Sort Code & Account No.

Account No.

* If you wish to donate your expenses to ART please complete the claim form and indicate below:

[ ]  “Please treat this as a Donation for Gift Aid purposes”

**Signed: Dated:**

**Please email the completed form to: treasurer@bellringing.org**