



## EXPENSE CLAIM FORM

Name..... (please sign below)

Occasion ..... Date .....

TRAVELLING EXPENSES		
FROM:		
TO:		
2nd Class Rail Fare		
Car Journey		No. Miles
Meals		
Accommodation		
Other Expenses (Please State)		
TOTAL		

Signed ..... Date .....

Where second class rail fare varies according to the train time, the higher rate may be claimed if it is necessary to travel on that particular train. Receipts must be submitted with this form.

Car travel will be reimbursed at the rate of 45p per mile.