

KENT COUNTY ASSOCIATION OF CHANGE RINGERS

Hon. Treasurer Peter Joyce

Red Street House, Red Street, Southfleet, DA13 9QE

Tel: 01474 833293 Mobile: 07519 405411 Email: treasurer@kcacr.org.uk

**Expenses Form**

Please read the KCACR Expenses Policy on the KCACR website before completing this form. By signing this form you are adhering to this policy.

**NAME:** ………………………………………… **OFFICE HELD: ……………………………………..**

**1.TRAVELLING EXPENSES: 45p/mile if travel is by car (please submit receipts for train, bus fares etc)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meeting Attended/Purpose of Journey** | **Date** | **Mode of transport** | **Mileage**  *(Car travel)* | **Cost** |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |
| **SUBTOTAL:** | | | | £ |

**2.OTHER EXPENSES (please submit receipts with claim form)**

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION OF EXPENSE** | **DATE** | **AMOUNT** |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
| **SUBTOTAL** | | £ |

**3.TOTAL VALUE OF EXPENSES CLAIM ON THIS FORM: £ …………………………**

**SIGNED:** …………………………………………………………. **DATE** ………………………………………

I wish to be paid \*by BACS electronic transfer or \*by cheque (delete as appropriate)

(please note that payment by cheque can take several weeks to reach you)

For BACS Transfer:

|  |  |  |
| --- | --- | --- |
| **Sort Code** | **Account Number** | **Name of Account Holder** |
|  |  |  |

For payment by cheque:

|  |  |  |
| --- | --- | --- |
| **Name of Account Holder** | **Address of Account Holder** | **Postcode** |
|  |  |  |

Contact email of claimant: …………………………………………………………………………..

Contact Telephone No. of claimant: ………………………………………………………………

Please return this form and supporting receipts to the Treasurer.