

English Bowls Coaching Society

EXPENSES CLAIM FORM

NAME:..... DATE:

DUTY:.....

TRAVEL: FROM..... TO:
AND RETURN

CAR MILEAGE:MILES AT 40p P PER MILE AMT CLAIMED: £.....
(see expenses policy)

CAR DETAILS: MAKE: CC..... REG NO:.....

FARES: * AIR/ RAIL.BUS £

* TAXI/ UNDERGROUND:..... £

ACCOMMODATION: * HOTEL/ GUEST HOUSE..... £

SUBSISTENCE: £

SUNDRIES: £

TOTAL CLAIMED £.

.....

* please delete as applicable

NB: Round sum expense allowances may subsequently be subjected to Income Tax
Please ensure that all claims are accompanied by appropriate documentation

Signed:

Sanctioned by
or delegate

Claims (after counter-signature) to be sent to the Hon Treasurer

Mr John F Stevens, 4, Orchard Close, Queen Camel, Yeovil. BA22 7NY