RAMBLERS ASSOCIATION, SEDGEMOOR GROUP
EXPENSES CLAIM FORM

The data on this form is collected to make reimbursement of expenses you have incurred on behalf of Sedgemoor Ramblers

USE OF OWN CAR			
Date	**Details & purpose of journey**	**Total mileage**	**Amount**
		@28p	**£**
		@28p	**£**
		@28p	**£**
		@28p	**£**
OTHER TRAVEL			
Date	**Details & purpose of journey**	**Transport used**	
			£
			£
			£
			£
NON-TRAVEL ITEMS			
Date	**Details of costs incurred**		
			£
			£
			£
			£
		TOTAL AMOUNT CLAIMED	**£**

I confirm that the above claim relates to actual costs incurred on agreed Sedgemoor group business and, where applicable, I attach valid receipts.

Signed.....Date:-

NAME:_

ADDRESS:-

Postcode:-

Please send completed Claim Form to the Group Treasurer :
Mike Aldridge, 14, Hestercombe Close, Bridgwater, TA6 7NY