Appendix B

OFFICE OF THE TREASURER OF SARK

LA CHASSE MARETTE, SARK GY10 1SF

Telephone: (01481) 832576 E-mail: treasurer@sarkgov.co.uk

EXPENSES CLAIM FORM

Claimant Details

Name:	
Reason for claim:	
Date of claim:	

Expense Claim Details

Date of expenditure:	Category (see list):	Detail of expense claimed:	Amount claimed (£)

TOTAL (£):	

CLAIMANT DECLARATION

I attach appropriate supporting receipts, vouchers, record or other proof, itemised for each cost.
I declare my expenses to be accurate and true, and incurred wholly in the performance of my duties.

Signature, Name & date	

Committee Approval

Committee Chair signature:	
Date agreed by Committee:	

Treasury Approval

I confirm the expenses are in line with the current expenses policy and I authorise payment.

Signature, Name & date	