Expenses Claim Form

Please complete the following and return to the County Treasurer within ONE calendar month of the meeting/event, attach receipts and return the form and receipts for payment to: Mrs Ann Barlow, County Treasurer, 15 Compton Road, Totton, Southampton SO40 3AS

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| --- |
| Name: Mrs/Miss/Ms/Mr  |
| Membership Number: |
| Address: |
| Telephone: |
| Email: |
| Role: |
| Event(s) for which expenses are being claimed: |
| Date of Event(s): |
| Itemise expenditure eg postage, equipment, etc. |
|  |
| Total cost of claim £ (receipts must be attached, excluding mileage)  |

Payment Details

The method for paying your expenses is directly into your Bank Account via BACS. Please complete the bank details below to enable your payment to be made this way.

| Bank/Building Society Name |  |
| --- | --- |
| Branch Sort Code |  |  | - |  |  | - |  |  |
| Bank Account Number [must be 8 digits] |  |  |  |  |  |  |  |  |
| Building Society Roll Number |  |  |  |  |  |  |  |  |
| Account Name |  |

If a cheque is preferred please complete below:

|  |
| --- |
| Cheques to be made payable to: |

Signature: Date: