MONTGOMERYSHIRE AREA SCOUT COUNCIL
EXPENSES CLAIM FORM

Name:	Position:	Address:

Date	Comments / Notes (eg reason for travel)	Mileage	Telephone	Postage	Other (please state type and reason)	Receipt Enclosed	TOTAL £

N.B. - Mileage = 25p per mile

PLEASE ATTACH RECEIPTS FOR ALL RELEVANT ITEMS

GRAND TOTAL £ -

Claimant Signature:

Date:

When completed please send this form to:

Ruth Hendry, Area Secretary/Acting Area Treasurer

White House, Arthur Street, Montgomery, Powys SY15 6RA.

For use by Treasurer: _____

Cheque Number: _____

Date Sent: _____