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 £
						GRAND TOTAL	£ -

N.B. - Mileage = 25p per mile

PLEASE ATTACH RECEIPTS FOR ALL RELEVANT ITEMS

Claimant Signature:

Date:

When completed please send this form to:

Janice Lipscombe, Area Treasurer

5 Parc Hafod, Tregynon, Newtown, Powys, SY16 3EQ.

For use by Treasurer: _____
Cheque Number: _____
Date Sent: _____