



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:

David Morris treasurer@montgomeryshirescouts.org.uk

The Smithy, Llwydiarth, Llangadfan, Welshpool, Powys, SY21 0QG

For use by Treasurer: _____

Cheque Number: _____

Date Sent: _____