



## Expenses claim form

<b>Name</b>		<b>Date Submitted</b>	
<b>Committee</b>			
<b>Meeting Claimed for</b>		<b>Meeting Date</b>	
<b>Account Number</b>		<b>Sort Code</b>	

### DETAILS OF EXPENSES CLAIMED

Description	£	p
<b>Total Number of Miles</b>		<b>Mileage – Per Mile Reimbursement: 0.45</b>
		<b>Total Claim</b>

**By Email (preferred):** Please email a copy of this form along with scanned receipts to [apm@compleat-online.co.uk](mailto:apm@compleat-online.co.uk)

**By Post:** Please attach receipts and send this form to: CSS, Lancaster Court, 8 Barnes Wallis Road, Fareham, PO15 5TU