



FARNHAM DISTRICT SCOUT COUNCIL

Date: _____

Expenses Claim for the period

From _____ to _____

Expenses Category: *Campsite – Family Camp - Training – Bazazz – Scram - Scout About – DC – ADC - Chair*

Other(please list):- _____ (Please circle or write)

| Claimant's Information | | District use only | |
|---|--|-------------------|---|
| | | Cheque No: | |
| Name: | | | |
| Address: | | Post Code: | |
| Appointment : | | | |
| Details of Claim | | Total | |
| | | £ | p |
| <u>Travelling</u> | | | |
| Other (Detail): Mileage miles @ 35 pence: | | | |
| Stationary | | | |
| Postage | | | |
| Telephone | | | |
| Photocopying | | | |
| <u>Other Expenses</u> – please detail | | | |
| Sub Total: | | | |
| Deduct amount treated as donation*: | | | |
| TOTAL CHEQUE REQUIRED: | | £ | P |
| | | | |

Claims **MUST** be authorised by the DC or District Chairman and passed to the District Treasurer with the appropriate receipts attached, only originals should be provided.

Signature of claimant Date

* If you are a tax payer and are prepared to authorise the District to claim your donation as 'Gift Aid' please tick box

Signature of DC or District Chairman authorising payment Date