

FARNHAM DISTRICT SCOUT COUNCIL

Date: ___/___/___

Expenses Claim for the period - from _____ to _____

Expenses category: Family Camp – Campsite – Training – Bazazz - Scoutabout – Scram – DC – ADC
(Please Circle)

Other (please list):- _____

Note: All receipts and claims **MUST** be originals, copies or scans will not be accepted unless specifically agreed.

Claimant's Information		District use only
Name:		Cheque No:
Address		
Tel:		
Appointment/Position:		
Details of Claim		Total
Travelling		
Mileage 0	miles @ 35 pence	£
Other	: _____	£
Stationary (please list)		£
		£
Postage:		£
Telephone:		£
Photocopying:		£
Other Expenses – please detail		
		£
Sub Total		£
Deduct amount treated as donation*		£
TOTAL CHEQUE/PAYMENT (BACS) REQUIRED		£

Claims **MUST** be authorised by the **DC or District Chairman** and passed to the District Treasurer with the appropriate ORIGINAL receipts attached. Expenses will **NOT** be paid without this authority.

CLAIMANTS BANK DETAILS, for BACS payments:-

BANK: _____ **Sort:** ___ - ___ - ___ **Acct No:** _____

Account Name: _____

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