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.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **District use only** | |
| **Claimant’s Information** | | **Cheque No:** | |
| Name: | |  | |
| Address | Tel: | | |
| Appointment/Position: | | |  |
| **Details of Claim** | | | Total |
| TravellingMileage 0.00 miles @ 45 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 ……………..…………… ….

Expenses Claim Form 2018/01