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
Travelling Mileage 0 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	e of claimant				Date
*	If you are a tax payer and are prepared please tick box	d to authoris	e the D	istrict to	o claim your donation as 'Gift Aid'
Signature	e of DC or District Chairman authorising p	bayment			Date