

Expenses Claim Form Manuscript - V6 Agreed 04-01-21 - Copyright Peer Support Plus



Claimant name	
Claimant role	

Expenses Month	
Queries?	treasurer@peersupportplus.info

Date DD-MM-YYYY	Expense Category: Delivery / Fundraising / Governance / Training		Please attach evidence to support claim		Total Mileage B/Fwd >					Rate	Mileage	Total
	Details of Expense	Receipt, Invoice or other Evidence?	Yes / No	Other	Meals	Bus	Rail	Parking	Miles	Apr 20	£	£
1										0.45		
2										0.45		
3										0.45		
4										0.45		
5										0.45		
6										0.45		
7										0.45		
8										0.45		
9										0.45		
10										0.45		
11										0.45		
12										0.45		
13										0.45		
14										0.45		
15										0.45		
			Totals									
										Total Mileage C/Fwd >		

Activity Authorised by: Name	
Claimant Signature	
Date Submitted	

Claim Approved by: Name	
Treasurer Checked & Approved	
Date Reimbursed	