

CROHN'S & COLITIS UK CO-ORDINATED NETWORKS – LOCAL EXPENSES CLAIM FORM

(Receipts must be attached to verify claim)

Only to be used for local expense purposes not for National Events

NAME _____ **NETWORK** _____

BANK DETAILS

Name: _____ Sort Code: _____ Account Number: _____

DATE expense(s) incurred _____

REASON FOR CLAIM _____

COST OF RAIL FARE – Single/Return £.....

FROM _____ TO _____

BUS/TAXI – FROM _____ TO _____ £.....

TUBE Single/Return - FROM _____ TO _____ £.....

ACCOMMODATION £.....

CAR MILEAGE (from 1/1/06) MILES @ 45p PER MILE £.....

An additional 2p per mile can be added for each passenger carried.
FROM _____ TO _____

MISCELLANEOUS COSTS

Stationery £.....

Postage £.....

Parking £.....

Telephone £.....

Refreshments £.....

Total Claim	£.....
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Address

Signed..... Date..... Link Volunteer Approval..... Date.....
Reviewed: January 2020 Next review: January 2021