



THE CENTRAL COUNCIL OF CHURCH
BELL RINGERS

The Central Council of Church Bell Ringers

Registered Charity No: 270036

EXPENSE CLAIM FORM

Committee:.....

Name:

Address:.....

Telephone: **Email:**.....

Expenses claimed

Reason for expenses:.....		
Date	Detail	Amount
	Travel by private car..... miles atp per mile	£
	Travel by public transport. Details.....	£
	Other expenses Details.....	£
Total expenses claimed (where possible please supply original receipts)		£

Please give details of the bank to which repayment should be made

Bank name:..... **Account name:**.....

Sort code: **Account number:**.....

Signature:..... **Date:**

Approved:..... **Date:**

Notes:

- Please submit this form to the Committee Chairman as soon as possible after the expenses have been incurred
- All expense claims must be with the Treasurer by the end of January following the year to which they relate