

EXPENSES CLAIM FORM	Date:	Date:	
Volunteer claiming: Name Address	Bank Details (sort code &	account)	
	Tel Email		
TACT group applicable and brief details	of event/reason for claim		
Mileage	miles at 22p	£	
Other expenses to ne re-imbursed (ple	ase provide receipts where possible)		
TOTAL			
I confirm that the above expenses were	e incurred on behalf of Sustainable Tiverton		
Signed			
Approved by group leader/committee	nember		
Signed	Dated		