

 **LDWA London Group**

 **Expenses Claim Form**

**Claimant's Name:**

**Date of Claim:**

***Claim Details***

|  |
| --- |
| Travel Expenses |
| **Date of Travel** | **Event** | **Journey Details** | **No. of Miles** | **Rate per Mile\*** | **Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| *NB Only fill in grey boxes for car journeys**\*Up to 45p per mile (HMRC approved rate)* |  | **TOTAL (A)** |  |

|  |
| --- |
| Other Expenses (to be supported by receipts where available): |
| **Date** | **Event** | **Details** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **TOTAL (B)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Claim** |  **(A+B)** |  |

***Payment Method*** *(delete* Y *as appropriate )*

|  |  |  |
| --- | --- | --- |
| ELECTRONIC TRANSFER Y  | ***OR*** | PAYMENT BY CHEQUE Y |
| Account name:  | Cheque Payable to:  |
| Account number: | Address: |
| Sort code: |
|  | Postcode: |

**Claimant's Signature:**

*CLAIM TO BE EMAILED TO* *london.treasurer@ldwa.org.uk*