

*ANZ Pensioners’ Association UK*

Level 12

25 North Colonnade,

Canary Wharf,

London, E14 5HZ

Tel : 020 3229 2777

e- mail: admin@anzpauk.co.uk

**CLAIM FOR EXPENSES**

**Name:** **Date:**

**Address:**

**Telephone number: Email:**

**............................................................................................................................................................................................**

**TRAVEL:**  (Actual cost, or where no public transport is available and own car used, @ 45p per mile.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **From** | **To** | **Mode/Miles** | **Amount** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**EXPENSES:**  (Other expenses should be itemised, Attach vouchers to support claim)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description** | **Amount** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Total Expenses Claimed:** | **£** | **p** |

Signed…………………………………………..

**.........................................................................................................................................................................................**

Your expenses can now be paid direct to your bank account,

|  |  |  |  |
| --- | --- | --- | --- |
| Bank: |  | Sort Code: |  |
| Account Name: |  | Account Number: |  |

Please tick the box if you would like us to keep your bank details on file:

**………………….......................................………………………………………………………………………………………….**

**FOR ANZ PENSIONERS’ ASSOCIATION OFFICE USE**.

Authorised………………………………… Cheque / Bank Transfer / Debit Card………………………

Authorised………………………………... Date…………………………………………