

CLAIM FOR EXPENSES

Name:

Date:

Address:

Telephone number:

Email:

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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

Date:	Total Expenses Claimed:	£	p
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Signed.....

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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:

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FOR ANZ PENSIONERS' ASSOCIATION OFFICE USE.

Authorised..... Cheque / Bank Transfer / Debit Card.....

Authorised..... Date.....