40, Bank Street,

Canary Wharf,

London, E14 5EJ

Tel : 020 3229 2777

e- mail: admin@anzpauk.co.uk





**CLAIM FOR EXPENSES**

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

**Address:**

**Telephone number:**

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

**TRAVEL:**  (Actual cost, or where no public transport is available and own car used, @ 35p per mile.)

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description** | **Amount** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Sub Total** |  |  |

**TOTAL:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Total Expenses Claimed:** | **£** |  **P** |

Signed…………………………………………..

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

If you would like us to pay your expenses direct to your bank account, please provide your account details

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

Please tick the box if you are happy for us to keep your bank details on file:

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

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

Authorised……………………………………………. Cheque number……………………………………………….

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