Appendix 1

Western Valley Parish Council

EXPENSES CLAIM FORM

Name of Claimant	
Date of Claim	

Milage Claims

To	From	Date	Miles Claimed
Total Milage Claimed (number of miles)			

Other Expenses (attach all receipts numbered sequentially to this claim form)

Receipt Number	Details	Date	Amount Claimed
Total Expenses Claimed (in GBP)			£

DECLARATION BY CLAIMANT

I declare the following expenses have been incurred in executing my duties for the Council, and are being claimed in accordance with the Expenses Policy.

Signature: _____ Date: _____

VERIFICATION BY THE CLERK / RFO

I have verified the expenses and present them to the Council to be formally approved for reimbursement.

Signature: _____ Date: _____

APPROVED FOR PAYMENT BY COUNCIL

These expenses were approved for payment at the Council meeting on (date)

_____.

Confirmation Signatures of 2 Councillors

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____