THE ROYAL BRITISH LEGION WOMEN'S SECTION
Charity No. 219279

Branch / County Committee Expenses Claim Form

(RECEIPTS FOR ALL EXPENSES CLAIMED MUST BE ATTACHED)
(See overleaf for rates)

NAME
ADDRESS

Date	Journey to / from	Details of meeting	No.of Miles
1			
2			
3			
4			
5			

(to a. below) TOTAL MILES

TRAVEL COSTS (See overleaf for Women's Section Policy) £ p

a. Private Car Miles @ 40p

b. Bus/Rail Fare
1
2
3
4

c. Taxis

POSTAGE/TELEPHONE/STATIONERY (Please itemise on reverse)

OTHER EXPENSES (Please itemise on reverse)

Minus any advance monies

TOTAL: £

I confirm that I have a valid driver's licence and insurance, my car has been maintained in accordance with the manufacturer's recommendations and has a valid MOT certificate (where appropriate).

SIGNATURE AUTHORISED BY

DATE CHEQUE NO.