



GLENROTHES GROUP (C4)
EXPENSES CLAIM FORM

[1] TRAVEL Car mileage at 35p per mile	£	
Date.....purpose of journey..... From.....to.....Return mileage.....		
Date.....purpose of journey..... From.....to.....Return mileage.....		
[2] STAMPS		
[3] MAPS or BOOK S		
[4] PHOTOCOPIES		
[5] STATIONERY		
[6] PHONE CALLS		
[7] Other Expenses (details below)		
[i]		
[ii]		
[iii]		
TOTAL		

Claimant Signature: _____ Date: _____

Name (Print): _____

Address: _____

_____ Post Code: _____

Please forward the completed form and relevant receipts to the Treasurer:
Catherine Mackie, 5 Elgin Drive, Glenrothes, KY6 2JR: Phone 01592 756058
As soon as possible after incurring the expenditure