



SOUTH WESTERN REGIONAL LIBRARY SERVICES CIO

Claim Form for Travel & Expenses

NAME OF CLAIMANT				
DETAILS for BACS transfer		Account name: Account no: Sort code:		
DATE	DETAILS OF CLAIM (e.g. start and end point of journey)	NO OF MILES	AMOUNT @ 45p PER MILE £	OTHER EXPENSES (Parking / Rail / Bus fares etc) £
	TOTALS			
TOTAL CLAIM	£			

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS CORRECT:

SIGNATURE OF CLAIMANT:

DATE:

AUTHORISED BY:

DATE:

Please scan or photo receipts and return with this form to:
swrlstreasurer@outlook.com with "SWRLS Expenses Claim" as the Subject line.