Community Council Member Expense Claim Form

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| **CC Name** |  | **Community Council** |
| **1. Period of Claim** | From  | To |
| **2. Member Name** | **3. Home Address** |
| **4. Vehicle Registration Number and Engine CC.** |
| **Date** | **Details of Journey** **(Locations From / To and reason for journey)** | **Miles** | **Hours of Absence****From / To** | **Vat Amount (Receipted)** | **Other Expenses** |
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|  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |

**CLAIMANTS STATEMENT – “I certify that: The number of miles claimed shown above has been necessarily and actually incurred and a valid driving licence and MOT certificate and appropriate motor vehicle insurance is held by me.**

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| --- | --- | --- | --- |
| **Claimant Signature** | **Date** | **Authorising Signature** | **Date** |