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.**

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