

QUARTERLY EXPENSES FORMS

The Expenses Claim Form is for claiming expenses incurred within the County in carrying out your County Appointment. That is travel to County Meetings or Team Meetings and other expenses incurred as per the forms.

At the end of each quarter you need to forward your completed form to the appropriate Team Leader/County Commissioner for their signature, so that they may forward it to the County Treasurer for payment. Please make sure that the Bank Details are completed. If you have expenses during a quarter that amount to more than is comfortable for you, you may send in the form early, as long as it is signed by the appropriate person.

Please photocopy the forms as necessary.

The current rate of mileage is shown on the form and please list journeys on the second page. Please share transport whenever possible.

OUT OF COUNTY EVENTS AND TRAININGS

You may receive notices or get to hear about events and trainings, that would be beneficial to your Appointment, which are taking place outside the County. If you would like to attend any of these, some financial help may be available. Please send your written application for Grant Aid to the Treasurer, for her to put to the next Finance meeting, prior to the event.

If you have any queries re expenses, please do not hesitate to email me at countytreasurer@girlguidingcornwall.org.uk

Mary Eddy,

County Treasurer

Girlguiding Cornwall



*QUARTERLY EXPENSES CLAIM FORM*

|  |  |
| --- | --- |
| Name: | Appointment: |

|  |
| --- |
| Address: |

|  |  |
| --- | --- |
| Signature: | Date: |

Please submit the form for signature by the appointed person as per below.

Payments are made quarterly for the dates given below. Please circle the quarter being claimed.

**March 1st – May 31st, June 1st – Aug 31st, Sept 1st – Nov 30th, Dec 1st – Feb 28/29th**

TRAVEL

Registration number of vehicle ……………………………………. Is this a company vehicle? YES/NO

If yes, please complete the details on page 2.

 Coach/Bus £\_\_\_\_\_

Rate per mile Train £\_\_\_\_\_

For cars - 42p (or other) Car Miles\_\_\_\_\_Car £\_\_\_\_\_ **Total travel costs** £\_\_\_\_\_\_\_\_\_\_\_\_

(Please give details of travel expenses on the reverse of this Claim Form)

|  |  |
| --- | --- |
| POSTAGE: | £  |

|  |  |
| --- | --- |
| TELEPHONE: | £ |

|  |  |
| --- | --- |
| PHOTOCOPYING: | £ |

|  |
| --- |
| EQUIPMENT: |

|  |  |
| --- | --- |
|  | £  |

|  |
| --- |
| MISCELLANEOUS: |

|  |  |
| --- | --- |
|  | £ |

|  |  |
| --- | --- |
| TOTAL EXPENSES CLAIMED | £ |

**CLAIMS TO BE SIGNED BY THE APPOINTED PERSONS BELOW:-**

COUNTY EXECUTIVE MEMBERS- A COUNTY COMMISSIONER

COUNTY TEAM MEMBERS -COUNTY TEAM LEADER

|  |  |
| --- | --- |
| SIGNATURE: | DATE: |

**BANK DETAILS FOR PAYMENT**

**We now have Internet Banking facilities which will be much quicker & save on posting cheques.**

**Please supply the following details: -**

|  |
| --- |
| **Account in the Name of (please print):** |

**SORT CODE** **BANK ACCOUNT NUMBER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- |
| DATE | CAR TRAVEL COSTS – EVENT NAME | MILES |
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|  |  |  |
|  | Transfer total miles to overleaf TOTAL MILES |  |

 COMPANY CARS

 Please complete if your mileage claim relates to using a company vehicle.

 Is your company vehicle supplied and fuelled by the company? YES/NO

 If YES, please complete the rate you reimburse your company for private miles …………………………

 This is the rate we will use to reimburse you for any mileage you have undertaken for Guiding volunteering.