

# Girlguiding Shropshire Expenses Claim



Name: \_\_\_\_\_

Date of claim: \_\_\_\_\_

*By completing this form, I acknowledge that all expenditure has been incurred directly on behalf of and for the purpose of Girlguiding Shropshire*

Details for bank transfer:    Account Number \_\_\_\_\_    Sort Code \_\_\_\_\_

**Non Mileage**

Date	Budget Area <i>(e.g. LQ mentor)</i>	Description	Amount
<b>Total Non Mileage</b>			-

**Mileage**

Date	Budget Area	Description	Miles	0.45
				-
				-
				-
				-
<b>Total Mileage</b>				-

**Total Claim**      -

Please send with supporting documents to [treasurer@girlguidingshropshire.org.uk](mailto:treasurer@girlguidingshropshire.org.uk)

or to Victoria Smith-Roe, Girlguiding Shropshire, Conwy House, St George's Court, Donnington, Telford, TF2 7BF