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|  **CLAIM FOR EXPENSES** Version 10-10-2023 |
| **Name of Claimant** |  | **Date** |  |

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| **Details of expenses to be reimbursed** **For reimbursement rates, please refer to the most recent version of the NVS Expenses Policy.** |
| **Description** | **Amount** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
| **Total amount of this claim** | **£** |
| **Confirmation that receipts are attached** | **YES / NO** |
|  |
| **Submitted by** |
| **Name** |  | **Signature** |  | **Date** |  |
| **Approved by** |
| **Name** |  | **Signature** |  | **Date** |  |

**The information below this line will be removed and destroyed immediately after payment is made.**

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| **Bank details (where payment is to be made direct into bank account)** |
| **Bank name & address** |  |
| **Sort code** |  |
| **Account number** |  |
| **Account name** |  |

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| **President:**Mr M. Williams MBE FNVS AHRHSLlanor,FFordd Hen YsgolLlanfairpwllgwyngyllYnys Môn LL61 5RZTel: (01248) 714851medwyn@medwynsofanglesey.co.uk | **Chair:**Mrs Sandra Hall FNVS7 Crudgington, Wellington, Telford, Salop TF6 6JGTel: (01952) 541396noddy.crudgington@outlook.com | **Treasurer:**Mrs J. ForresterTuador, Eccleshall Road, Great Bridgeford, Staffs ST18 9PSTel: (01785) 282443forrester.jean@gmail.com | **General Secretary:**Ms F. Shenfield FNVS4 Canmore StreetKinghornFife KY3 9RHTel: (01592) 890 284fcshome@talktalk.net |