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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 AHRHS  Llanor,  FFordd Hen Ysgol  Llanfairpwllgwyngyll  Ynys Môn LL61 5RZ  Tel: (01248) 714851  medwyn@medwynsofanglesey.co.uk | **Chair:**  Mrs Sandra Hall FNVS  7 Crudgington,  Wellington,  Telford,  Salop TF6 6JG  Tel: (01952) 541396  noddy.crudgington@outlook.com | **Treasurer:**  Mrs J. Forrester  Tuador,  Eccleshall Road,  Great Bridgeford,  Staffs ST18 9PS  Tel: (01785) 282443  forrester.jean@gmail.com | **General Secretary:**  Ms F. Shenfield FNVS  4 Canmore Street  Kinghorn  Fife KY3 9RH  Tel: (01592) 890 284  fcshome@talktalk.net |