



The National Vegetable Society

Registered Charity 1088979



CLAIM FOR EXPENSES

Version 31-03-2025

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.

BANK DETAILS (WHERE PAYMENT IS TO BE MADE DIRECT INTO BANK ACCOUNT)

Bank name & address	
Sort code	
Account number	
Account name	

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
chair@nvsuk.org.uk

Treasurer:
Mr Ian Mackenzie
40 The Endway,
Steeple Bumpstead,
Haverhill
CB9 7DW
Tel: 07860 952 730
treasurer@nvsuk.org.uk

General Secretary:
Ms F. Shenfield FNVS
4 Canmore Street
Kinghorn
Fife
KY3 9RH
Tel: (01592) 890 284
Secretary@nvsuk.org.uk