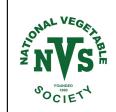


The National Vegetable Society



Registered Charity 1088979

CLAIM FOR EXPENSES Version 31-03-2025					
Name of Claimant		Date			

DETAILS OF EXPENSES TO BE REIMBURSED For reimbursement rates, please refer to the most recent version of the NVS Expenses Policy.					
Descriptio	n			Amount	
				£	_
				£	
		£			
				£	
				£	_
				£	
				£	
				£	
Total amount of this claim			£		
Confirmation that receipts are attached		YES / NO			
SUBMITTED BY					
Namo		Signaturo		Data	

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

Signature

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

Approved by

Name

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Date

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