

# EXPENSES CLAIM

Please return to: Finance Department, Memralife Group,  
 14 Horsted Square, UCKFIELD, East Sussex, TN22 1QG  
 Tel: 01825-769111 fax: 01825-748899  
 email: [ali.morphew@memralife.org](mailto:ali.morphew@memralife.org)

**PLEASE COMPLETE THIS FORM IN FULL IN BLOCK CAPITALS.**

**YOUR RECEIPTS SHOULD BE SUBMITTED WITH THIS CLAIM**

<b>Title of Meeting:</b>	<b>Venue of meeting:</b>	
<b>Name:</b>	<b>Date of meeting:</b>	
<b>Address:</b>	<b>Cheque payable to*:</b>	
	<i>*Cheques will only be made out to a VAT Registered Organisation on submission of an invoice from the Organisation; all other claims will be made payable to the claimant.</i>	
<b>Post code:</b>	<b>Signature:</b>	
<b>Telephone number (day):</b>		
<u>TRAVEL EXPENSES CLAIMED</u>		<u>AMOUNT £ / p</u>
1. _____ miles @ 30p per mile (please enter journey details below)		
From:		
To:		
2. 2nd class Rail Fare (with receipts)		
3. Other expenses (with receipts)		
<b>TOTAL</b>		

HEAD OFFICE USE ONLY			
<b>Auth. Manager/PIR Ref:</b>		<b>Authorised By:</b>	
<b>Details:</b>			
<b>Budget Code(s):</b>		<b>Account Number:</b>	
<b>Cheque No:</b>		<b>Audit Ref:</b>	
<b>Date Paid:</b>	/ /	<b>Amount Paid:</b>	£

**ICC/Spring Harvest Contact Name:** .....

We require all the above information to comply with various financial regulations.