WANSFORD PARISH COUNCIL Expenses Claim Form										
	All Expense Claims must be accompanied with evidence of the expenditure such as a receipt or invoice.							WANSFORD		
Claimant:	Name: Address:									
Date	Description	Reason for Claim	Mileage	Meals	Stationery	Postage	Misc	Net Total	VAT	Total
TOTALS	l		1							L
I declare that the information given on this form and in any supporting documents provided is complete and accurate. I understand and accept that if I provide false or misleading information, fnancial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.										
	Signed:									
Date:										