

# Expenses claim form

# Please refer to the Expenses guidance notes on our website. Attach all corresponding receipts to this form.

Full name ………………………………………………………………………….

Membership number ………………………………………………………………………….

Unit/level name ………………………………………………………………………….

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| --- | --- | --- |
| **Expense description** | **Receipt (****)** | **Amount** |
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|  |  |  |
|  |  |  |
| **Total** | |  |

Return your completed form, plus receipts, to the unit leader. If returning the form electronically, include scans of your receipts.

I confirm that all expenses submitted are for guiding purposes only.

Signature Date

If you wish to donate part or all your expenses to Girlguiding rather than claiming it, please tick the box below.

I wish to donate £ to Girlguiding.

Authorised by Date

* Alcohol cannot be reimbursed.