

Expenses Claim Form

Name _____

Post _____

Date _____

Travel Car @ 33p/mile _____ Miles £_____

Bus Fares £_____

Rail Fares £_____

Miscellaneous _____ £_____

_____ £_____

_____ £_____

_____ £_____

_____ £_____

_____ £_____

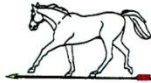
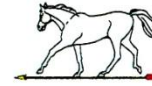
_____ £_____

GRAND TOTAL CLAIMED £_____

Please complete the form, attach receipts and send to
Ralph Wood, DWAA Treasurer,
67 Penn Hill Avenue, Poole, BH14 9LY

If this is your first claim, please provide your bank details for direct
payment. Sort Code ___-___-___;

Account Number _____



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