

Oxfordshire & North Buckinghamshire Counties ASA Affiliated to ASA South East Region

EXPENSES CLAIM FORM V2.0

Forms to be submitted via ema Please complete in BLOCK CAP		ty Treasurer on ONBTreasurer@	gmail.com	
Your forename and surname	TIALS			
Event name and date				
Your role at the event				
Your address including postcode				
Your email address				
Note:				
•		th the ONB County Expenses Pol	icy.	
2. Claims must be made with	•	•		
3. Failure to complete this cla	im form corre	ctly may result in delayed payme	ent.	
-			1	
Travel Private Car (miles @ 45p per mile)			Expense £	
Private Car (mi	ies @ 45p per	mile)		
Public Transport				
Car park				
	e by event bu	dget holder)		
Meals (To be agreed in advance by event budget holder) Other (eg hotels, To be agreed in advance by event budget holder)				
(68)		TOTAL	£	
Bank Name				
Dank Name				
Account name				
Sort Code				
Account Number				
Account Number				
Account Number				
Account Number Your Signature				
Your Signature				



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For County Treasurer Use Only			
Event budget holder's authorisation to pay the claim			
Date claim paid via bank transfer			