THE FEDERATION OF WOMEN'S INSTITUTES OF NORTHERN IRELAND

Bank Account Number:

Sort code:

Claim for Travelling and Other Expenses

Name of Member: …… Vehicle Registration Number: …….

Date	Journey Made From	To	Specify Business Conducted	If Own Car Number of Miles	Details of Other Transport	Cost of This Transport	Other Expenses (Specify)	Cost
			Total Mileage					
Signature of Member ……			Cost @ 35p per mile	A £	Total	B £	Total	C £
Authorised by ……			Please attach all receipts					
Authorised by ……							Grand Total A+B=C	£