



**THE FEDERATION OF
WOMEN'S INSTITUTES
OF NORTHERN IRELAND**

Bank Account Number:

Sort code:

Claim for Travelling and Other Expenses

Home Address Postcode

Name of Member: Vehicle Registration Number:

Date	Journey Made		Specify Business Conducted	If Own Car Number of Miles	Details of Other Transport	Cost of This Transport	Other Expenses (Specify)	Cost
	From	To						
			Total Mileage					
Signature of Member			Cost @ 40p per mile	A £	Total	B £	Total	C £
Authorised by			Please attach all receipts					
Authorised by								