

ECFAEV Expenses Form



Date		Name		ID Number	
------	--	------	--	-----------	--

Please provide all relevant information, including dates, reason for claim, location from/to, miles claimed for, and **receipts**

Date	Reason for claim (travel, food, drink, other)	Event name	Location from	Location To	Miles claimed (40p per mile)	Description (for use with non-travel)	Amount

Expenses will be paid into your bank account. Please ensure you have provided your bank details via the form which can be downloaded from our website. Once completed give to the treasurer or any trustee to pass to the treasurer.

Sign: