

HARDINGSTONE PARISH COUNCIL

EXPENSES CLAIM

NAME OF CLAIMANT:

|  |
| --- |
|  |

FULL DETAILS OF EXPENDITURE:

|  |
| --- |
|  |

AMOUNT CLAIMED:

|  |  |
| --- | --- |
| Amount before VAT |  |
| VAT |  |
| Total Amount Claimed |  |

BANK DETAILS (For payment):

|  |  |
| --- | --- |
| Account Name |  |
| Account Number |  |
| Sort Code |  |

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

NOTE: PLEASE ENSURE THAT ALL RECEIPTS/INVOICES ARE ATTACHED TO THIS CLAIM FORM.