

British Association for Sexual and Relationship Therapy
Registered Charity No: 1101961
PO Box 13686, London, SW20 9ZH
Tel/Fax: 0208 543 2707 Email: info@basrt.org.uk Website: www.basrt.org.uk

Expenses Claim Form

Please send to your Committee Chair for approval and then send to:
Corinna Furse, Day Cottage, Lower Froyle, Alton, Hants, GU34 4LL

Name: _____ Period Ending: _____
Address: _____ Committee: _____

Telephone: _____ Signed: _____
Email: _____ Chair's Signature: _____

PLEASE MAKE SURE ALL DETAILS ARE LEGIBLE (so that payments are correctly made) and include original receipts. Where possible please complete a separate claim form for each committee-related activity.

Dept	Code	Type of Expense	Details	Amount
	7100	Travel – BY CAR * Total number of car miles: Travel – OTHER **		
	7306	Telephone/Fax:		
	7301	Postage:		
	7300	Photocopying/Printing:		
	7303	Stationery:		
		Other: (please specify)		
		TOTAL:		

* Mileage is 40 pence per mile.

** Include mode of travel and destination. Travel must be claimed at the cheapest rail fare where practicable.

ALL EXPENSES MUST BE CLAIMED WITHIN THREE MONTHS OF EXPENDITURE AND IN ACCORDANCE WITH THE CURRENT INTERNAL FINANCIAL CONTROLS POLICY

The box below is for Charity Business use only

Processed by: _____	Input Date: _____
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