**Residents’ Expenses Claim Form**

**Claim for Car, Bicycle and Motorcycle mileage**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Meeting** | **Date** | **Start Address** | **Meeting Address** | **Return Address** | **Vehicle** | **Miles** | **Passenger Miles** |
|  |  |  |  |  |  |  |  |
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**Mileage rates for 2012/13:** car - 45p per mile and 5p per mile for each additional passenger; motorbike - 24p per mile; bicycle - 20p per mile

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please complete this section and return to the meeting organiser** | | |  | **This section is to be completed by PCH staff only** | | |
| **Home Address** | | |  | **Calculation of costs** | | **Total for Payment** |
|  | | |  |  | |  |
| I confirm this claim for reimbursement of expenses: | | |  | I authorise the reimbursement of the above sum in accordance with the PCH Residents’ Expenses Policy: | | |
| **Name** | **Signature** | **Date** |  | **Name** | **Signature** | **Date** |
|  |  |  |  |  |  |  |

**Residents’ Expenses Claim Form**

**Claim for Transport Fees and Other Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting** | **Date** | **Type of Expense and Details** | **Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Receipts must be attached for all transport fees and other costs**

**Resident’s BACS Details for Payment**

**We are only able to refund expenses into your bank account.**

**Please complete this section and return to the meeting organiser**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name on the Account** | **Name of Bank** | **Account Number** | **Sort Code** |
|  |  |  |  |