Gosford and Water Eaton Parish Council – Members Expenses’ Scheme – EXPENSES CLAIM FORM

***Please complete in block capitals and submit within 4 weeks of the date of receipt to be claimed. Reimbursement will be issued at the following Full Council Meeting.***

**Personal Details**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
|  |  |
|  |  |
| Telephone Number |  |
|  |  |
| E-Mail Address (for remittance enquiries) |  |
| Brief Description of expense claimed |  |

Payment will be by cheque, please therefore provide details of who the cheque should be made payable to for
reimbursement below:

**Bank Details**

|  |  |
| --- | --- |
| Full name to appear on cheque |  |
| Address to send cheque to (if different from above) |  |
|  |  |
|  |  |
|  |  |

**Details of Journey and Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Particulars of JourneyFrom/Toor Incidental Expense | Mode and class of Transport used | If by car please state mileage | Travelling or Incidental Expense Costs\* |
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\* **Receipts must be submitted for all travel and incidental expenses. Claims may be reduced accordingly if receipts are not submitted.**

***Your Information***

The Data Protection Act gives rights to individuals in respect of personal data held about them by others and as directed by the Act, you should know the following:

The information you give on this claim form will be used by GWEPC to reimburse travel and expenses incurred by you in your duty as a Parish Councillor.

Any other disclosures will only be made if we are required to do so by any court order or similar process, or as required by law.

***Declaration***

I confirm that I have read the instructions above and necessarily incurred the expenditure claimed.

Name (Block Capitals):

Signed: