

**THE PARENTS' FORUM FOR BRADFORD & AIREDALE**

Please complete, sign and date this form as indicated. Please provide receipts where possible, attaching them securely.

The Grid, Carlisle Business Centre, 60 Carlisle Road, BD8 8BD

**EXPENSES CLAIM FORM**

NAME AND ADDRESS OF CLAIMANT:

PERIOD OF CLAIM FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SHEET No \_\_\_\_\_

DATE OF ACTIVITY	NATURE OF CLAIM please provide details of the activity attended and what you are claiming for	JOURNEY DETAILS		NO. MILES	FARES	OTHER EXPENSE	VOUCHER CHOICE (if applicable)	OFFICE USE	
		POSTCODE						Total	dmt
		FROM	TO						

Some volunteers do not claim expenses and prefer to make a donation. To allow this to happen an expense claim is required.  
 If you would like to make a donation please enter the amount here (this is purely discretionary):  
 If you would like to GiftAid it, please tick this box and complete the declaration overleaf.  Thank You.

**TOTAL CLAIMED**

Signature..... Date.....	OFFICE USE Authorized payment..... Cheque No: _____ Cash
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