Community Councillor’s Expense Claim Form

**[name of] COMMUNITY COUNCIL**

|  |  |  |
| --- | --- | --- |
| **1. PERIOD OF CLAIM** | From  | To |
| **2. Name** | **3. Home Address** |
| **4. Vehicle Registration** |
| **Date** | **Details of Journey (Locations From / To and reason for journey)** | **Miles** | **Hours of Absence****From / To** | **Vat Amount (Receipted)** | **Other Expenses** |
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|  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |

**CLAIMANT STATEMENT – “I certify that :**

1. **The number of miles claimed shown above has been necessarily and actually incurred**
2. **A valid driving licence and MOT certificate and appropriate motor vehicle insurance is held by me**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claimant Signature** | **Date** | **Authorised Signature** | **Date** |