

Horsley Village Hall Trust. Registered charity 1205133  
 Expenses Policy  
 Date: 27/3/24  
 Reviewed: 2 yearly

**HORSLEY VILLAGE HALL**  
**EXPENSES CLAIM FORM**

Date: ...../...../.....

Name: .....

E-mail address: .....

**Expenses**

Please make sure you attach / send receipts with this claim form to Ethel Coulthard at treasurer@horsleyvillagehall.org

Date	Item / Cost incurred	Receipt provided Y/N	Amount	Reimbursed
		TOTAL		

**Mileage**

Milage reimbursed at 45p per mile.

Date	Details of journey	Miles travelled	Amount	Reimbursed
		TOTAL		

Claims	Total
Expenses / purchases	
Mileage	
Total reimbursed	

Date funds reimbursed ...../...../.....