

**EXPENSES CLAIM FORM****AA CORNWALL INTERGROUP****Name:****Position:****Date of claim:****TRAVEL BY CAR**

Purpose	Date	From (post code)	To (post code)	Miles	Amount per mile	Total
					45p	
					45p	
					45p	
					45p	

**TRAVEL BY TRAIN**

Purpose	Date	From	To	Total

**Please attach receipts****OTHER:****TOTAL CLAIMED:****Accommodation:****Signature:****Copying/Printing (10p per side):****Authorised:****Materials:****EXPENSES CLAIM FORM****AA CORNWALL INTERGROUP****Name:****Position:****Date of claim:****TRAVEL BY CAR**

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