

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
					35p	
					35p	
					35p	
					35p	

TRAVEL BY TRAIN

Purpose	Date	From	To	Total

Please attach receipts**OTHER**

Accommodation

Copying/Printing (7p per side)

Materials

TOTAL CLAIMED

Signature

Authorised

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