

Claimant name:	Date of claim:						
Item:			Cost (ex. VAT)/£: VAT/£: Total/£:				
item.			Cost (ex.	VAIJ/L.	VAI/L.		I Otal/ L.
Ensure invoices/re	eceipts are at	ttac	hed.				
Travelling expense	es:						
Purpose For Departure De			estination		ehicle Type		Total
Mileage Claim:	Postcode:	P	ostcode:	(Car/Mo	torcycle/Bicyc	<u>le):</u>	mileage:
Mileage claims will							
approved mileage ra	ates at the dat	e of	the claim.	LRCAA w	ill calculate this	s for	you.
Claimant bank accou	unt details for	BA	CS transfer	'S:			
Claimant sign & date	e:						
To be completed b Mileage claim value		):					
Sign & date (LRCAA	Treasurer):						