

KIRTON & FALKENHAM PARISH COUNCIL

Expenses Claim Form

Please complete with receipts attached and return to the RFO

Mileage
To & From.....
Purpose.....
Miles.....
Rate..... £

Other (Please detail below
or overleaf) £

Total (exl VAT) £ _____
VAT £ _____
TOTAL £ _____

BACS details:
Bank Account number:
Sort code:
Name of account holder:

Signed..... Date.....

Non-mileage expense claim details:

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