



SHEEP VETERINARY SOCIETY EXPENSES CLAIM FORM

Payable to			
Address			
Tel		E-mail	

	Date	Details	Private Vehicle cc	No. of Miles	Mileage Rate	Amount Claimed
Travel:- engine capacity fuel used:- Petrol/diesel		Engine capacity of car plus if diesel or petrol	/		45p a mile	
Accommodation			/			
Subsistence			/			

******* Please attach original receipts when submitting expenses claim *******

Signature: _____ Approved: _____

Amount Due £
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Bank Details for Bacs transfer:-	
Name	
Account	
Sort Code	