|  |  |
| --- | --- |
|  **TRAVEL AND EXPENSES CLAIM FORM** |  |
|  |  |
| Name |  |
| Address |  |
| Tel No.  |  |
| Bank Details (for BACS payments) | Sort Code :  | Account No. :  | Account Name :  |
| Email Address (for Remittance Advice) |  |
|  |  |
| **Visit details**(PLEASE COMPLETE IN FULL) | **Date** | Venue | Title of Event or Project & Name of Organiser |
|  |  |  |
|  |  |
| **Total Mileage**(current mileage rate is 45p/mile) |  | £ |
|  |  |
| **Other Travel Costs**i.e. public transport, parking etc. (please enclose receipts) |  |  |
|  |  |
| **Details of Other Expenditure** (please enclose receipts) |  | £  |
|  |  |  |
| **Total Claim** |  | £  |
|  |
| I certify that the above expenses have been actually and necessarily disbursed by me solely on the business of Youth Sport Trust Signature : Date :  |