



## MACMILLAN UNIT TRAVELLING EXPENSES

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CAR REG. NO: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

DATE	REASON FOR JOURNEY	OPENING MILEAGE	CLOSING MILEAGE	MILES CLAIMED RETURN JOURNEY	RATE	AMOUNT CLAIMED	PUBLIC TRANSPORT FARES
<b>Total</b>							
<small>(Office Use):</small> APPROVED DATE:		<small>(Office Use):</small> CHEQUE NO:		TOTAL:			

I confirm that these expenses are solely for Charity business. **Signed** \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ENSURE YOUR EXPENSES ARE SUBMITTED REGULARLY AND FOR THE CORRECT FINANCIAL YEAR 1 SEPTEMBER – 31 AUGUST**