Thornbury & District Stroke Support Group

Mileage Claim Form

Name: **Date of Claim**

1. Travel Expenses *(£0.40 per mile)*

Date	Journey	Mileage	Cost
		Total	

Signed: …….

To fill this form in on your computer, type in the grey areas.
If the form is sent to the treasurer via email, there is no need for a signature.

The form can be printed and filled in by hand if you prefer.

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2. Treasurer

Date Paid: **Cheque No.**

Please send completed form to the Treasurer - jmshep@sky.com