



Expense/Reimbursement Form

Name:

Position:

Mileage claim @

Date	Description	Mileage	Total
Total			30.00

Signature:

Date:

Authorised:

Date:

Please note that all expenses and reimbursement claims should have receipts attached where possible

Mrs Sue Davies, Cofnodydd/Clerk, Dworek, Sarnau, Llandysul, SA44 6PX 01239 872116

Casual car users allowance 2018:

451-999cc	1000-1199cc	1200-1450
46.9p	52.2p	65.0p