Fibromyalgia Association UK

EXPENSE CLAIM FORM

Name: Signature: Date:

Dates covered: Approved by: Date:

(A trustee, normally the Treasurer)

Date	Journey / Description	Transport					Accommodation	Other (pls specify)		
		Mileage/Rate		Train	Parking	Other				
	Itemised Totals									
	Overall total £									

Expenses must be claimed in accordance with FMA UK's'VolunteerTravel and Expenses Policy'.
Please post (or give) completed claim form, together with all relevant receipts and other supporting documentation, to The Treasurer, FMA UK, PO Box 206, Stourbridge, West Midlands, DY9 8YL.