			re Riding Club -Volunte				
			your claim has been authorised befo			yment	
Name Role	Kirsty Hou Committee r		Claim [ate	21/02/24		
Kole	Committee	Hember					
	BUSINESS MILEAGE Please give brief details a	nd the purpose of your journey			DUTY MILES		
18/02/24			nteer at the show jumping q	ualifiers	32		
					ļ		
					 		
					+		
					†		
					İ		
						RATE	TOTAL £'S
Enter T	OTAL MILES and £ in re	levant category:	* Private vehicles (<= 10,000 mi	les pa)	32	0.45	£14.40
			Private vehicles (> 10,000 m	les pa) Towing			
			TOTAL MILEA	-	32-		£14.40-
							~ 11110
DATE	OTHER EXPENSES All claims must be support	led by a receipt.					
Authorised Name:	by:				OTHER EXPEN	⊩	£14.40 -
Role:	**			TOTALLA	CENSE CEA	IIVI ES	£14.40 -
Signature:			Claimant 5	ionature:	Khou	ıah	
I		ent (delete as appropriate) ar	nd complete relevant details below:	BAC	S or CHEQUI	E	
Payment by:		BACS	CHEQUE				- 545)
I	s (If not previously s nk/Building Society:	supplied or have changed):	Full Postal	Address (a	alternatively	enclose	a SAE):
		Miss K Hough					
Name on Ac	count.						
Sort Code:		161233 10046471					
i⊨mail Addres	ss (for confirmation)	kiisty_nougn@live.co	O.UK Post code:				
Please subn	nit your authorised	expense claim and relevant re	ceipts either via post or email to:				
Name:	your dualonseu			tress:			
Role:							
Email:							