

**DEVON FEDERATION WI EXPENSE CLAIM FORM**

\*\*\*\* Please Refer Overleaf \*\*\*\*

NAME

Mileage rate wef 1/7/16  
under 1500cc 35p/1500cc and over 38p

DATE	Committee Attended	Event/Project	Location	Car Share ✓	Expense Detail	MILES	Mileage Rate	TOTAL	VC initials	Accounts Use	
										Code	Dept
								Total claim	<input type="text"/>		

**Declaration**  
The information on this form is correct and claimed in accordance with DFWI guidelines.  
Receipts have been provided where possible.

Signature  
Date

Office use:

Date Sent	<input type="text"/>	Chq No <input type="text"/>
BACS date	<input type="text"/>	