Training expenses form

2024

Name:			2
Course attende	ed:		Č.
Course provide	r:		Ramblers
Please provide	details of the expense(s) incu	rred below.	
Date (dd/mm/yy)		on of expenses: Public Transport costs:	Amount (£)
	Training	Course details:	
			Total
You may claim 5	0% of the cost of the Training Co	ourse, and travelling costs.	•
Please sign belo	w to confirm that the above expe further the Ramblers' charitable	nses were incurred on Training	Courses related to
Signed:		Date:	
Address:			
Bank Account of	details (optional)		

Sort Code _____ Account No. ____ Account Name ____

Contact details: Tel._____ email: _____

Please return this form to the Linlithgow Group Treasurer: John Allen, 20 Kaim Crescent, Bathgate, West Lothian, EH48 1ER within 14 days of the Training Course.