# Hampshire and Islands Area Quaker Meeting

Registered Charity Number 1134213

## **EXPENSES CLAIM**



Name .						N	leeting	
Address	S						Postcode	
With refe	erence to							
Place						Date	e(s)	
Please r	eimburse	me as fo	ollows:					
Travel	From			To .				
	Train Fa	re Single	e/retur	n				
	Car/moto	or cycle		miles @	45/24p	per mile		
Parking	£	E	Bus	£	Taxi	£	line sub-tota	l
Plane	£	Б	Ferry	£	Insurance	£	line sub-total	
							Total travel	£
Confere	ence/Cour	se Fees	<b>.</b>				Total fees	£
Adminis	stration	Phone	£		Postage £			
		Station	ery £		Printing £			
		Photoc	opying	j £			Total administration	£
Other ex	xpenses				£			
					£		Total other expenses	£
							Total alaim	C
gift	aid it							£
Please t	tick box if		l is ap	plicable to yo	our donation,		less Donation (optional)	£
and sigi	n overleaf					ш	Net amount	£
Signed .						Date		

#### This form should be returned to:

Jane Bennett (Treasurer), 30A Egbert Road, Winchester, Hampshire, SO23 7EB with any supporting information (receipts, tickets, etc) and a self-addressed envelope.

#### **Gift Aid Declaration**

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Signed Date
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### Please notify us if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.