



SOUTH EAST OPEN STUDIOS

AREA CO-ORDINATOR TRAVEL EXPENSES CLAIM FORM FOR TRAVEL WHICH IS REQUESTED BY SEOS

Name:

ACO Area:

Date of Journey:

Purpose of journey:

Return journey from: _____ **to:** _____

By car: Return mileage:

By public transport: Return Fares (total): £
(Receipts must be attached)

Name to make cheque payable to:

Address to send payment:

Signed:

Date:

Please return whole sheet to:-

Hazel Addley (Treasurer)
The Flat, 156 The Street
Boughton-Under-Blean
Faversham, Kent ME13 9AL

NB. Claims must be submitted within a month of the journey for which the claim is made and be accompanied by the receipt(s), where applicable, for the expenses being claimed. Any claim queries, please call Hazel on 07763 064484 or by email at treasurer@seos-art.org.

Any queries regarding the journey (e.g. whether it is eligible to claim for) please contact Felicity Flutter by email at acos@seos-art.org.

Office use only:-

Date received:

Date paid:

Amount paid:

Cheque no.: