

South East Open Studios 2008

Area Coordinators Claim Form

Expenses for travel which is requested by SEOS

Name:

Area:

Date of Journey:

Purpose of journey:

Return journey from _____ **to** _____

By car: Return mileage:

By public transport: Return Fares (total): £

Please attach receipt(s)

Address for payment:

Signed:

Date:

Please return whole sheet to:-

**Sam Cherrill (Treasurer)
475 Willington Street
Maidstone
Kent
ME15 8HA**

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 Sam on 01622 355979 or by email at sammi.c@blueyonder.co.uk

Any queries regarding the journey (e.g. whether it is eligible to claim for) please contact Felicity Flutter on 01580 240580 or e-mail at; flic.flutter@talk21.com

Office use only:-

Date received:

Date paid:

Amount paid:

Cheque no.: