

**IDE PARISH COUNCIL**  
**CLAIMS FOR RE-IMBURSEMENT OF EXPENDITURE INCURRED**  
**ON COUNCIL BUSINESS**

NAME of CLAIMANT

POSITION / ROLE in Ide Parish Council / working group

ADDRESS

EMAIL ADDRESS

PHONE NUMBER

All claims must be supported by original receipts.

Date incurred	Details of spending (indicate relevant items on any receipt containing non IPC expenditure)	Project: IPC core activity; Weir Meadow; Orchard; other – details please.	Amount claimed
<b>TOTAL</b>	----	----	

We will only reimburse expenditure using online Bank Transfer (BACS). We will not re-imburse by cheque or cash. Please supply details of your bank account below.

NAME(S) OF ACCOUNT HOLDER(S):

BANK NAME:

SORT CODE:

ACCOUNT NUMBER:

I confirm that these costs were incurred by me on spending approved by Ide Parish Council or one of its committees or working groups, in the pursuit of Ide Parish Council activities. I hereby claim reimbursement and attach the original receipt(s) in support.

Signed .....

Date.....

Please send your completed claim form with supporting receipts by email to [ideparishclerk@gmail.com](mailto:ideparishclerk@gmail.com)

OR on paper to Mel Liversage, Ide Parish Clerk, 20 Little Johns Cross Hill, Exeter, EX2 9PJ.