

WALKERS ARE WELCOME TOWNS' NETWORK

CLAIM FORM



Please outline the expenses to be reimbursed in the box below:

	Amount £

Please attach receipts where appropriate.

Signature of Applicant: _____ Approved by: _____

Payment made: _____ Cheque No: _____

Form to be sent to: G. W. Kitt, c/o 1 Ladyknowe, MOFFAT. DG10 9DY