**David Wheal**



**CiLCA, BSc (Hons), PGCE**

**Clerk to the Parish Council**

**Bishopstoke Parish Office**

**Riverside**

**Bishopstoke**

**Eastleigh**

**Hampshire SO50 6LQ**

Tel: 02380 643428

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**FORM FOR RETURN OF TRAVEL TOKENS**

Details of Person Returning Travel tokens:

Name of Company ........................................................................................................................

Name of Person Returning Tokens ...............................................................................................

Telephone number in case of queries ...........................................................................................

Details of Number of Tokens being returned:

Number of tokens being returned..................................................................................................

Signature of person returning to agree above number...................................................................

Signature of Assistant Clerk/ Clerk to agree above number .........................................................

Reimbursement to be by: cash / cheque / BACS (delete as appropriate)

|  |  |  |
| --- | --- | --- |
| Cash | I confirm that I have received ………………. in cash from the Clerk / Assistant Clerk | |
|  | | |
| Cheque | Payable to: | |
|  | Address: | |
|  | | |
| BACS | Sort Code: | Account Number: |

Office Use – Complete when payment is processed

Signature .............................................................................................................................

Print Name ..........................................................................................................................

Date ........................................................................