## **Claim for Out of Pocket Expenses**

An application for expenses is purely voluntary. Membership of the Benevolent Fund is declining and should you not wish to apply for the money, it will be retained within the fund to assist other claimants 'Thank you'

If you wish to claim,	please supply	the fo	ollowii	ng inf	ormat	ion:-			
Have you previously	claimed out c	of pocl	ket ex	pense	es	Yes /	No		
Full Name					Co	llar N	o		
Your dates of stay a	t the Treatmer	nt Cer	ntre	/	/	to	·	/	./
Please have Treatm	ent Centre en	dorse	the fo	orm h	ere <b>o</b>	n you	ır las	t day.	ı
Your bank details:	Sort Code Account No								
I can confirm that the above information is correct and also confirm I have been a member of the Benevolent Fund for at least 12 months.									
(PROOF OF MEMB I.E. COPY OF PAYS									
ONLY ONE CLAIM PER 12 MONTH PERIOD									
Signature				Date					
Once completed, plea	se return to the	Bene	volent	Fund	Treas	urer u	ınder	confid	ential

Treasurer Chief Insp 7006 A. Hewitt Millbank Police Station, South Shields angela.hewitt.7006@northumbria.pnn.police.uk

cover whose details are as follows:-

Payment will normally be made within 28 days of receipt of claim. Any queries can be directed to the Treasurer as above.