

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 following information:-

Have you previously claimed out of pocket expenses Yes / No

Full Name Collar No.....

Your dates of stay at the Treatment Centre/...../..... to/...../.....

Please have Treatment Centre endorse the form here **on your last day.**

Your bank details:

Sort Code

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Account No

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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 MEMBERSHIP TO THE BENEVOLENT FUND IS REQUIRED I.E. COPY OF PAYSリップ). NO PROOF OF MEMBERSHIP – NO PAYMENT

ONLY ONE CLAIM PER 12 MONTH PERIOD

Signature.....Date.....

Once completed, please return to the Benevolent Fund Treasurer under confidential cover whose details are as follows:-

**Treasurer Insp 7006 A. Hewitt
The Performance Taskforce
angela.hewitt.7006@northumbria.pnn.police.uk**

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