|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPENSE CLAIM FORM** |  | | | |
| Please complete in **BLOCK CAPITALS** | | Date of Claim: | | |
| Claimant’s Name: | | Event or Committee: | | |
| Address:  Postcode: Email Address:  Home Telephone:  Mobile Telephone: | | Location of Event or Committee: | | |
| Departure Point (i.e. Bristol & Start Postcode) | | |
| Destination Arrival (i.e. Millfield School & Postcode): | | |
| Journey or Event Date: | | |
| TRAVEL | | Expense  £ | p | Budget code |
| Private Car (45p/mile) | Number of miles: |  |  |  |
|  | | | | |
| Rail (Ticket Receipt): | |  |  |  |
| Public Transport (Ticket Receipt) | |  |  |  |
| Taxi (Receipt) | |  |  |  |
| Car Park (not to include Airports): | |  |  |  |
| Hotels: | |  |  |  |
| Meals: | |  |  |  |
| Miscellaneous (Please State): | |  |  |  |
| **TOTAL** | |  |  |  |
| Claimants Signature: | | Position held at event  : | | |
| Authorised Signature: | | Discipline: | | |
| Chq No. | | Budget Code: | | |

|  |
| --- |
| Bank details: |
| Account Name:.............................................................  Account No: .................................................................  Sort Code: ...................................................................  Bank name & Address: .....................................................................................  ...........................................................................................................................  Are these new / different – NO / NO |
| Please detail any diversions to route and reasons for additional mileage |
|  |
| Please provide details of expenditure on subsistence. Reasons for purchase |
|  |
| Please provide details on accommodation claimed for, and reasons for this. |
|  |
| Miscellaneous claims. Please detail purchase and reason for this expenditure. |
|  |

# Return to:

***Mrs C Robinson, 22 North Down Crescent, Plymouth PL2 2AR***

Note:

* *All expenses claimed must be in accordance with current procedures and policies.*
* *Receipts must be attached for all items*
* *Claims must be made within 28 days.*
* *Claim must be authorised by the appropriate budget holder prior to submission to the Finance Officer*
* *Failure to complete this claim form fully and correctly will result in delayed payment****.*** *Claims may be verified by using AA / RAC auto route*