|  |  |
| --- | --- |
| **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*