Expense Claim Form

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| --- | --- |
| Please complete in **BLOCK CAPITALS** | Date of claim:  |
| Claimant’s name: | Event or Committee:  |
| Address:  | Location of Event or Committee:  |
| Postcode:  | Departure Point (i.e. Bristol & Start Postcode): |
| Email Address: | Destination Arrival (i.e. Millfield School & Postcode:  |
| Home Telephone: | Journey or Event date:  |
| Mobile Telephone: |  |
| **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: |

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| --- |
| Bank Details: |
| Account Name Account NumberSort Code Bank name & AddressAre these new/different? – Yes/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:**

**Mr G Pearce** **gnpearce@aol.com**

*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 autoroute*