# eXPENSES cLAIM fORM

All expenditure must be agreed in advance and receipts attached to this form, where applicable.

Claimant Details

|  |  |
| --- | --- |
| Full Name |  |
| Address  |  |
| Postcode |  |
| Contact Email |  |
| Contact Phone |  |

Bank Details

|  |  |
| --- | --- |
| Bank/building society name |  |
| Bank/building society address |  |
| Postcode |  |
| Account sort code |  |
| Account number |  |

Details of Claim

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Journey details (from starting point to finishing point) and reason for journey (meeting, event etc.) Please also state if using motorcycle or bicycle.  | Car mileage | Travel fares £ | Other expenses details (carer costs, childcare, hotel, meals etc.) | Other expenses £ |  |
| DD/MM/YY |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Official use only | Sub-totals | 0 | 0 |  | 0 | £ |

[ ]  Claimant:I declare that the expenses claimed above have been incurred by me and that reimbursement has not or will not be made to me by any other public or charitable funds in respect of this claim.

Signed:

Date:

OFFICIAL USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Department Approval, approved by: |  | Date |  |
| Finance Department Use, checked: |  | Date |  |