

CLAIM FOR EXPENSES

Note: Before submitting this claim please ensure that your Head of Department has authorised it. Failure to do so may delay re-imburement.

Name **Appointment**

Address

email **Tel**

Claim for repayment of expenses for the month of **Year**

SUMMARY

Mileage (use form on page 2 to calculate) £

Fares (Rail / Bus /Taxi) £

Other (Please specify) £

Other (Please specify) £

Other (Please specify) £

Other (Please specify) £

Other (Please specify) £

Total £

I have received Gifts & Hospitality to the value of £which have been recorded on the Register of Gifts & Hospitality (Church House U: Drive).

These expenses were necessary for the work of the committee.

Signature of claimant **Date**

APPROVAL: Consideration has been given to economy and I authorise payment to be charged against the budget of the committee.

Executive Officer **Date**

Finance Office Use

