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|  | **EXPENSES CLAIM FORM** |
| Completed forms should be returned to the Parish Office Exps 8.8.24 |

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| --- | --- | --- | --- |
| **1. Claimant Details & Declaration** | | | |
| **I certify that these expenses were actually and necessarily incurred for the purposes stated. I attach receipts for all**  **expenditure (except car mileage).** | | | |
| **Name:** |  | **Bank Details\*** | |
| **Home Address:** |  | **Sort Code:** |  |
|  | **Account Number:** |  |
| **Contact Tel:** |  | **Account Name:** |  |
| **Contact email:** |  | **Name of Bank:** |  |
| **Date:** |  | **Branch Address:** |  |
| **Signed:** |  |  |
| **\*Bank Details – Please complete this section if this is your first-time claiming expenses or a notification of new bank details.** | | | |

|  |  |
| --- | --- |
| **2. Expenses Incurred** | |
| **Description (details of expenses incurred)** | **Value: ( £ )** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Mileage Expenses Incurred** | |  |  |
| **Date** | **Description of journey** | **Mileage** | **Value (£)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total:** | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Holder Approval: I confirm that this claim conforms to our Financial Regulations, Travel, Subsistence and**  **Expenses Policy and I authorise this expenditure.** | | | | |
| **Name:** |  | **Signature:** |  |  |
| **Date:** |  |  |  |