

Expenses Claim Form



Name _____

Contact Telephone No. _____

Address _____

Car Reg _____ Engine Size _____

Make & Model of Vehicle _____

Date of Activity	Meeting Attended	Details of Expenses	Miles Claimed	Metro & Bus Fares	Taxi Costs	Other Expenses Please describe
				£	£	
				£	£	
				£	£	
				£	£	
				£	£	
				£	£	
				£	£	
				£	£	
Total					£	

Claims should record actual mileage, fare(s) paid or cost incurred. 'Other expenses' must be agreed in advance with the coordinator/administrator of the meeting you attend.
Receipts and travel tickets should be attached to this form.



Date of Activity	Meeting Attended	Details of Expenses	Miles Claimed	Metro & Bus Fares	Taxi Costs	Other Expenses Please describe
				£	£	
				£	£	
				£	£	
				£	£	
				£	£	
				£	£	
Total					£	
OFFICE USE ONLY			Amount due at _____ p per mile £ _____		Overall total for this claim £ _____	

Arrange to pay this claim in cash into the bank

If you wish to have all your claims paid directly into your bank account, please provide the following details:

Bank _____

Account No _____ Sort Code _____

Cost Centre _____

Declaration

I confirm that I have incurred the above expenses in relation to involvement activities for Gateshead Strategic Partnership

Signature of Claimant _____ Date _____

Approved by Senior Partnership Officer _____ Date _____

Paid by _____ Date _____

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