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| **BEBCMAT** **APPROVED STAFF EXPENSES CLAIM FORM** | **NAME:**  BLOCK CAPS | Employee No: | | | | |
|  |  |  |  |  |

## MILEAGE (use of own car only with Business insurance cover)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Business Reason for Expense** | **Start Location** | **End Location** | **Total Miles** | Less home to work mileage or equivalent cost | No. of miles @ 45p /mile | **Total**  **£** |
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**OTHER EXPENSES** (e.g. other modes of travel, subsistence, parking, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Business Reason for Expense** | **Details** (attach receipts) | Currency  i.e. not GBP | Ex-change Rate | **Total**  **£** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | | | **TOTAL CLAIMED:** | |  |

|  |  |
| --- | --- |
| **CLAIMANT** | **AUTHORISING SIGNATORY** |
| The expenses claimed have been wholly, exclusively and necessarily incurred in the performance of duties for the Trust and are claimed in accordance with the Staff Expenses Policy. The expenses have been approved in advance and represent value for money.  Claimant’s  Signature ……………………………………………………………………………  Date ……………………………………………………………………………… | I confirm that the expenses claimed are fully compliant with the Trust Staff Benefits Policy.  Authorised by ………………………………………………………...….  Name  (BLOCK CAPS) ………………………………………………………...  Date …………………………………………………………………... |