



EXPENSES CLAIM FORM

Registered Charity Number 1139423

Company Number 7101195

Please attach all receipts and use BLOCK CAPITALS throughout this document

Your name and address: Month Ending:

I work in (Department): I am a (please circle one) Trustee / Member of Staff / Volunteer Date:

Date	From	Places Visited	Purpose/Description	No. of Miles	Parking Details	Fares	Other Expenses	Total
Brought forward from a previous page of today's claim								

Certified that the travelling expenses claimed herein were in respect of journeys undertaken by me.

Signed:

Approved by line manager

Signed:

Total miles this time	
Total miles from last claim brought forward	
Giving total miles to date	
FOR OFFICE USE	
Miles @ p	
TOTAL COSTS	

Total spend	
FOR OFFICE USE	
Payment is made by BACS. Please ensure that we have your bank details.	

Please send the completed form to your line manager at Age UK Buckinghamshire, 145 Meadowcroft, Aylesbury, Bucks HP19 9HH.

NB Unless you sign this form, it cannot be authorised by your line manager