Urgent Care 24 - Expenses Claim Form

CLAIMANT & AUTHORISED AUTHORISED OFFICER CERTIFICATION	Dept	Post Held

Only approved journies to be reimbused, approval of supervisor / manager is required before the journey is commenced.

The public transport rate of 25p / mile will be reimbursed if public transport was available for the journey

Otherwise the following rate per mile of 40p will apply.

Receipts shall be required for train/ bus/ plane fares / car parking and subsistance

Reimbursements after 6 months of the expendiure being incuured which are claimed will be invalid

I certify the details are true record of miles travelled and costs incurred

Authorised by

SIGNED ____________

DATE ____________

NAME ____________

ADDRESS ____________

____

BASE ____________

CC OF VEHICLE ____________

DATE	PURPOSE	Supplier	Additional Information	CAR MILEAGE - NUMBER OF MILES		OTHER TRAVEL EXPENSES	
				Public Rate Miles	Standard Rate Miles	£'s	Details
		Total		0	0	£ -	