

# Expenses Claim Form

Please attach VAT receipts and invoices to this claim form before submission



Please complete this form in CAPITALS if handwritten

Your Name	
Please Tick one box	<input type="checkbox"/> EWT <input type="checkbox"/> EWS <input type="checkbox"/> EECOS <input type="checkbox"/> CG <input type="checkbox"/> TNP
Your Address	
Please Tick one box	<input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TRUSTEE
Date of claim	
Your Signature	

Date	Details of claim	Budget Code	Budget head	NET	VAT	GROSS	Budget Head Approval Signature
<b>Total £</b>							

**Total Expenses**                      £                      \_\_\_\_\_

**Notes:**  
 Payment through expenses is made for personal spend incurred on behalf of the Trust and with the agreement of your manager  
 Please submit claims monthly to avoid crossing budget periods