 **Name:**

**Date of submission:**

Payment will be made electronically to your bank account.

**Expenses Claim form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item no. | Date of purchase | Description (supplier name, expense details, purpose) | Evidence attached | Total |
| 1 | 22/05/2018 | Description:  | Return travel to London. Representing AMOSSHE at HEFCE meeting. | Yes / No | **£14.78** |
|  |  | Description: |  |  |  |
|  |  | Description: |  |  |  |
|  |  | Description: |  |  |  |
|  |  | Description: |  |  |  |
|  |  | Description: |  |  |  |
|  |  | Description: |  |  |  |
|  | **Total** |  |

Please return the form by email to info@amosshe.org.uk **along with all evidence attached in PDF format.** For an expense claim to be processed, the claim must be accordance with the Expenses Policy and itemised receipt(s)/quotes of possible providers must be attached.

|  |  |
| --- | --- |
| **Claimant name:**  | **Signature:** |

|  |  |  |
| --- | --- | --- |
| **Bank name**: | **Account no**: | **Sort code**: |