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# Staff Expense Claim

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Member of Staff: | |  | | | | | | | |
|  | |  | |  | | | | |  |
| Department: | |  | | | | | | | |
|  | |  | |  | | | | |  |
| Bacs/Cheque payee: | |  | | | | | | | |
|  |  | |  | | | | |  | |
| Budget to be charged: | | | | |  | | | | |
|  |  | |  | | |  | | | |
| Rechargeable? If yes please attach a list of pupils/staff | | | | | |  | | | |
|  | |  | |  | | |  | | |
| Signature: | |  | | | | | | | |
|  | |  | | | | | | | |
| Date: | | | | |  | | | | |
|  | |  | |  | | |  | | |
| Authorised by: Sign | | | | |  | | | | |

|  |  |
| --- | --- |
| Print Name |  |

|  |  |  |
| --- | --- | --- |
| ***Type and detail of expense claimed*** | ***Receipt attached (Y/N)*** | ***Amount***  ***£*** |
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| ***Total Expenses Claimed*** |  |  |