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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******£*** |
|   |   |  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  |  |  |
|  |  |  |
| ***Total Expenses Claimed*** |  |  |