14bTop Barn Business Centre

**www.faithatwork.org.uk**



Worcester Road

Holt Heath

WORCESTER

WR6 6NH

T: 01905 621780

E: [enquiries@faithatwork.org.uk](mailto:enquiries@faithatwork.org.uk)

**Expenses Claim Form**

NameClaim for period

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | Total | |
|  | | | | | | | £ | p |
| Total miles: | |  | miles @ | | **45** | p/mile *(Please list journeys overleaf)* |  |  |
| Total parking: (*Receipts required. Please list overleaf)* | | | | | | |  |  |
| Other travel: (R*eceipt or ticket required)* | | | | | | |  |  |
| *Date* | *Destination* | | | *Purpose of journey* | | |  |  |
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| Other expenses *(Receipts required)* | | | | | | |  |  |
| *Date* | *Item (See policy for claimable expenses)* | | | | | |  |  |
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| **Total** | | | | | | |  |  |

I certify that the above expenses have been necessarily incurred by me on behalf of FWW.

Signed Date

*Authorised by (member of FWW Executive)*

Signed Date

Name (Printed)

*Authorisation of expenses when submitted electronically need not be signed* (see policy).

**Car Travel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Destination | Purpose of Journey | Miles\* | Cost (45p/m) | Parking |
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| **Total (transfer overleaf)** | | |  |  |  |

*\* to 1 decimal point*