NOTTINGHAM CITY UNISON - EXPENSES CLAIM FORM

NAME _____   **MONTH/PERIOD OF CLAIM** _____

ADDRESS _____

_____

CAR MILEAGE

Date	Time of Journey		Details of Journey			Mileometer Readings		Miles Covered	Less home to office (if applicable)	Total Miles Claimed
	Start	Finish	From	To	Reason (incl names of passengers if applic)	Start	Finish			

Total miles for period _____

Less home to office (if applicable) _____

Miles claimed for period _____   "@" 45p per mile = _____

Number of Miles with Passenger _____   (additional 20% to be added to claim if passengers)

Additional Claimed _____ = **(A)**

TOTAL MILEAGE CLAIMED

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ALL OTHER EXPENSES   Please give details below and attach all receipts

Date	Details of Expenditure	Expenses Claimed

Total All Other Expenses   (B)

TOTAL AMOUNT OF CLAIM (A) + (B)

Signature of Claimant   **Date**

I hereby certify that the expenses claimed were wholly and necessarily incurred on union business and comply with UNISON Branch Expenses Scheme.

Mode of Payment	**BACS**	**CHQ**	**Bank Details**	**Account No:**	**Account Name**
Please Tick			Sort Code		

Authoriser's Signature	**Date of Payment**	**BACS Transaction No: / Cheque No:**

March 2019