(*Insert Charity Logo*)

**Staff Expenses Claim Form**

|  |  |
| --- | --- |
| **Employee Name:** | **Month**: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Department** | **Type of expense** | **Purpose of journey** | **Mileage** | **Receipt No.** | **£ (Net)** | **VAT** | **£ (Gross)** |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Total** | **£** | **£** | **£** |

|  |
| --- |
| **Notes**: (e.g. missing receipts) |

|  |  |  |
| --- | --- | --- |
| **Authorised by:** | **Signature:** | **Date:** |