Submitted for Pre-approval / Payment \* (delete as appropriate)

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| **ESSA EXPENSE CLAIM FORM** **– RETURN TO:**Email: treasurer@essa-mail.uk  | Jackie BedfordESSA TreasurerMarguerite HouseAshford RoadTenterden TN30 6BT |
| Please complete in BLOCK CAPITALS | Date of Claim:  |
| Personal DetailsName:  | ESSA Event supported: |
| Address:  | Location:  |
|   | Travel From:  |
| Postcode:  | Travel To: |
| Phone:  | Date: |
| Signature: |  |
| Note:1. All expenses claimed must be in accordance with ESSA expenses policy.
2. Receipts, showing VAT where applicable, must be attached for items in excess of £5.00.
3. Claims must be made within 5 days.

**Failure to complete this claim form correctly may result in delayed payment.** |
| TRAVEL | Nominal Code | Expense£ | p | VAT(office use) |
| Private Car ( miles @ 45p per mile) |  |  |  |  |
| Rail |  |  |  |  |
| Public Transport |  |  |  |  |
| Taxi |  |  |  |  |
| Other items |  |  |  |  |
| Hotels |  |  |  |  |
| Meals |  |  |  |  |
| Car Park (not to include Airports) |  |  |  |  |
| Miscellaneous |  |  |  |  |
| **TOTAL** |  |  |  |
| Bank details (only required if these have not previously been supplied) |
| Bank: | Branch: |
| Address: | Sort Code: |
|  | Account No: |