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

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| --- | --- | --- | --- | --- |
| **ESSA EXPENSE CLAIM FORM**  **– RETURN TO:**  Email: [treasurer@essa-mail.uk](mailto:treasurer@essa-mail.uk) | Jackie Bedford  ESSA Treasurer  Marguerite House  Ashford Road  Tenterden TN30 6BT | | | |
| Please complete in BLOCK CAPITALS | Date of Claim: | | | |
| Personal Details  Name: | 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: | | | |