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Expenses Claim Form

**Please email this form to bwaseem@sgul.ac.uk**

|  |  |
| --- | --- |
| **Full name of claimant** (BLOCK CAPITALS) |  |
| **Email address** (to which remittance should be sent) | @sgul.ac.uk |
| **Name of club/society/account that you are claiming from** (one account per form only) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sort Code |  |  |  |  |  |  | Account Number |  |  |  |  |  |  |  |  |

* Attach receipts to this form
* Original receipts only, no debit/credit card receipts accepted unless itemized; all receipts must be legible
* Incomplete forms will NOT be processed. **USE BLACK PEN ONLY**
* If account details are incorrect/unclear and the wrong account is paid, the payment cannot be reissued
* It is recommended you make copies of all receipts in case this form is misplaced

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  **(as receipt)** | **Supplier** | **Description of expenditure** | **Amount (£)** | **Finance Use**  **(Category)** |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Total Claim made** |  |  |

I DECLARE that the expenses claimed were actually and necessarily incurred while on the duty stated.

|  |  |  |  |
| --- | --- | --- | --- |
| Claimant |  |  |  |

Print **name of claimant** Signature **of claimant** Date

Print **name of account official NOT CLAIMANT** Signature **of account official** Date

|  |  |  |  |
| --- | --- | --- | --- |
| Treasurer/ President\* |  |  |  |

**\*Delete as appropriate.**

**Student Union Finance:** Cost Centre: Account Code: Supplier ID:

I certify that, to the best of my knowledge, all the expenses are reasonable

Authorised by: Comment:

AP: PN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Payment was made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque number/BACS reference/other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorised by: