

ABOVE & BEYOND CHARITIES

Enhancing healthcare in Bristol



The Abbot's House Blackfriars Bristol BS1 2NZ
 Tel: 0117 927 7120 Fax: 0117 925 2017
 www.aboveandbeyond.org.uk

EXPENSES CLAIM FORM

SECTION 1. PERSONAL DETAILS – to be completed by all applicants

Title: Mr/Mrs/Ms* (*delete as appropriate) Surname

Forenames:

Employing Organisation:

Address for Payment:

..... Post Code:

Telephone No:

Signature of Claimant: Date: ___/___/___

SECTION 2. DETAILS OF TRAVEL EXPENSES

Vehicle Make & Model:..... Engine CC:.....

Date	From	To	Purpose	Mileage	Amount

A). TOTAL MILEAGE CLAIM £.....

SECTION 3. DETAILS OF OTHER EXPENSES

Date	From	To	Purpose	Details	Amount
				Rail Fare	
				Taxi Fare	
				Parking	
				Subsistence	
				Other	

B). TOTAL OTHER EXPENSES £.....

TOTAL EXPENSES CLAIMED (A&B) £.....

Authorised by: Signed:

(name in capitals)

Fund Advisor

Trustees expenditure code ___/___/___ Date ___/___/___

Attach receipts where relevant. Mileage rate as approved by the Trustees.

For use by the Trustees only: Authorised by: Name

Signed: Date ___/___/___

Form: ECF 3/06