



EXPENSES FORM

All expense claims must be pre-authorized by a member of the Executive and must represent the cheapest option for the union.

FORENAMES:

DATE EXPENSE OCCURRED:

SURNAME:

REASON FOR EXPENSE:

ADDRESS: (FOR CHEQUE PAYMENT ONLY)

AMOUNT CLAIMED:

POST CODE:

PRE-AUTHORISED BY:

ACCOUNT NUMBER:

DEMONSTRATE CHEAPEST OPTION TEST:

SORT CODE:

GUIDANCE ON CLAIMABLE EXPENSES:

MILEAGE - 15P PER MILE

STANDARD CLASS RAIL TICKETS

ECONOMY CLASS AIR FARE

SUBSISTENCE £5 PER 24 HOURS

OTHER EXPENSES PRE-AUTHORISED BY EXEC

MOBILE:

EMAIL:

REASON FOR ADVANCE PAYMENT (IF APPLICABLE):

SIGNED:

DATE:

OFFICE USE ONLY

PAYABLE TO:

ACCOUNT NUMBER:

PAYEE ADDRESS:

SORT CODE:

POST CODE:

EXPENSE REASON:

AUTHORISED BY:

ACCOUNT HOLDER:

DATE:

Please complete and return this form to: mail@unionworkerunion.org