


Souster Youth Trust EXPENSE CLAIM FORM

Please complete shaded cells in Excel then print and sign a copy, attach receipts and send for approval.

FUEL COST: This is automatically calculated for you	OR: Enter cost of item purchased here
---	---



Name: [shaded box]
Date completed: [shaded box]

Date	Receipt No	Details (please include <i>full description</i> of expense ie not just train travel but train to X to meet Y about Z)	No of miles	Mileage rate 45p per mile	Total Fuel Claim £	Total Purchase Claim £	Cost Code
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
				0.45			
TOTAL CLAIMED							

I, _____ wish to donate this total of _____ expenses to the Souster Youth Trust.

Please cross reference your receipts to this expense claim form by writing the receipt number listed above on the receipt. Receipts must be attached to this form before being submitted for approval and payment. If no receipt is available please state why.

SIGNATURE _____

AUTHORISED BY _____