**Staff Expense Claim Form**

Please refer to the GLT Expenses Policy for further information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Claimant | |  | | |
| School | |  | | |
| Date of Claim | |  | | |
| Department and Cost Code  (Budget the claim is charged from) | |  | | |
|  | | | | |
| Items to be Claimed (If mileage, please complete section below) | | | | |
| Date | Description of item being claimed | | | Amount £ |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| Total | | | |  |
|  | | | | |
| Mileage Claim (please complete calculation sheet attached)  (In order to claim mileage, you must have business insurance, which needs to be shown to HR) | | | | |
| Date | Description of item being claimed | | | Amount £ |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| Total | | | |  |
| Business Insurance detail checked: Yes/No | | | Signature (Finance / HR) | |

The budget holder of the account you are claiming from must sign this section. You cannot authorise your own claim if you are the budget holder. If you are the budget holder your line manager should authorise.

|  |  |
| --- | --- |
| Claimant Signature |  |
| Budget Holder Name |  |
| Budget Holder Signature |  |

Please attach your receipt/proof of payment and forward to [finance@girlslearningtrust.org](mailto:finance@girlslearningtrust.org).

Mileage Calculation Sheet

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Journey/Reason | From | To | Miles Travelled | Less: Miles from home to normal place of work | Miles Claimed | Amount @ 45p per mile\* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* This is a recommendation of HMRC to ensures all claims are allowable.