

EXPENSES CLAIM FORM

Claimant Details

Full Name: _____

Employee ID: _____

Department: _____

Contact Email: _____

Expense Details

Date	Expense Category	Description	Amount (GBP)

Total Amount Claimed (GBP): _____

Payment Details

Bank Name: _____

Account Name: _____

Account Number: _____

Sort Code: _____

I hereby declare that the expenses claimed are true, accurate, and were incurred wholly, exclusively, and necessarily in the performance of my duties. I confirm that all receipts and supporting documentation are attached. I understand that any false claims may lead to disciplinary action and/or legal consequences under UK law.

Signatures

Claimant Signature

Manager Approval

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Notes and Instructions:

- All expenses must be supported by original receipts or invoices.
- Claims without appropriate documentation may be rejected.
- Submit completed form within 30 days of incurring expenses.
- Retain copies of all submitted documentation for your records.
- This form complies with UK employment and tax laws and should be used accordingly.

Original source of this document:

<https://legaltemplates-uk.com/expenses-claim-form/>

Did you find this template helpful?

Find more updated templates at:

<https://legaltemplates-uk.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.