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.