

EXPENSES CLAIM FORM



Students' Union
UNIVERSITY OF NOTTINGHAM

Payee Name	
Department / Club / Society	
Date of Claim	

Nature of Business Expense (eg purchase, destination, purpose)	Date	Car Miles at 45p	Claim (£)	Account No	Cost Code	Dept

ACCOUNTS OFFICE USE ONLY

All claims for mileage must be accompanied by VAT receipts

Vehicle Registration No _____

Engine Capacity _____

Receipt Date	Net	VAT	Gross

CLAIM SUMMARY

Car Miles at 45p _____

Other expenses _____

Total Claim _____

I certify that this claim is properly payable by UoNSU / UNU Services Ltd (delete as appropriate), and is a correct statement of expenses incurred and mileage travelled on journeys necessary to enable me to carry out my responsibilities, in the vehicle stated above, which was appropriately licensed and insured during the relevant period.

Signed _____

Payee print name _____

Date _____

Email address _____
(for remittance)

Authorised _____

Budget Holder/
Treasurer name _____

Date _____

ACCOUNTS OFFICE USE ONLY

Account Code summery	Net	VAT	Gross

YOUR BANK DETAILS

Sort Code _____

Account No _____

REMEMBER: NO RECEIPT = NO REIMBURSEMENT