**Logo, company name

Description automatically generatedExpenses Claim form**

**Culture Health & Wellbeing Alliance**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email Address: |  |
| Phone Number: |  |

**Expenses to be reimbursed** (please type details in the table below)

* Rail travel should be standard class and travellers should take advantage of cheap day or reduced fares, if available. Mileage should be calculated at a rate of 40p per mile.
* CHWA will refund a maximum travel expenses claim of £100 per person. Claims above this level need pre-authorisation from the Director of Culture Health & Wellbeing Alliance.

|  |  |  |
| --- | --- | --- |
| **Date**  (date on receipt) | **Description of expense** (e.g. ‘return train journey from Leeds to London Euston for Board meeting’) | **Amount spent** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL AMOUNT TO BE REPAID** | |  |

I certify that the expenses claimed on this form are correct and have been incurred during the course of work relating to Culture Health & Wellbeing Alliance.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of claimant |  | Date |  |

**Expenses should be paid into the following bank account (please complete details below):**

|  |  |
| --- | --- |
| Account holder name: |  |
| Account number: |  |
| Sort Code: |  |

**Please save your completed form, and attach digital copies (photos or PDFs) of any receipts and email these to Sarah Holmes at** [**finance@culturehealthandwellbeing.org.uk**](mailto:finance@culturehealthandwellbeing.org.uk)