EXPENSES CLAIM
(STAFF/OFFICERS/REPRESENTATIVES)

Jun 2015

UNISON west sussex

NAME: _____ UNIT/EMPLOYER: _____

ADDRESS FOR CORRESPONDENCE: _____

_____ POST CODE: _____

DATE	**TIME AWAY**		**JOURNEY/ACTIVITY DETAIL START & FINISH POINTS & MEETING/FUNCTION ATTENDED**	**MILEAGE**		**PUBLIC TRANSPORT FARE or PARKING COSTS**	**SUBSISTENCE ALLOWANCE (see guidance overleaf)**	Coding (for office use only)
	FROM	TO		WITHOUT PASSENGERS @45p per mile	WITH PASSENGERS @50p per mile			
			TOTAL MILEAGE					
			TOTAL COSTS					

I certify that I have actually and necessarily incurred additional expenses in respect of the activities and journeys indicated above and have completed this claim in accordance with the branch's policy and guidance for travel and subsistence available at:
http://unisonwestsussex.org.uk/expenses/

AUTHORISED (Branch Secretary/Authorised Officer)

DATE :

SIGNED

DATE :

PAYMENT (Branch Treasurer)

DATE :

BACS/CHQ