



# St Chad's College, Durham

## Claim for Staff Expenses

Name: (BLOCK CAPS PLEASE)	
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Term:	
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Please submit claims within 5 days of the month end; they will be paid normally around the 15th direct to your bank account.

Date	Description (including purpose/ category/ project/ breakdown)	Claim £.pp	Office Use
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
<b>Total</b>		£	

I confirm that all expenditure claimed has been undertaken on business for St Chad's College, and is within the Travel and Expenses Policy. In particular, if I am claiming mileage then I confirm that the car is insured for travelling on College business. All receipts substantiating my expenditure are attached.

Signature of Claimant:	
Date:	

Authorised by:

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Bank Account Name: _____
Bank Name: _____
Sort Code: _____
Account Number: _____

Dated:
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