| **Date:** |  |  | **From:** |  |
| --- | --- | --- | --- | --- |
| **To:** |  |  | **Name:** |  |
|  |  |  | **Address:** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| **Your Reference (if applicable):** |  | **Account No:** |  |
| --- | --- | --- | --- |
|  |  | **Sort Code:** |  |
| **Contact Name:** |  | Your details for BACs payment (if BACs isn’t suitable for you please speak with your contact |
|  |  |

| **Date** | **Activity description** | **Hours** | **Total (£)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **Date** | **Out of pocket expenses description** | **Total (£)** |
|  |  |  |
|  |  |  |
| [State name of policy where payment rates are explained] | **Grand Total (£)** |  |

|  |
| --- |
| **Declaration: [Enter DWP/tax information – use your policy as guidance]** |

| **We can only accept original signatures (not scanned or electronic)** |
| --- |
| **Signature:** |  |  | **Date:** |  |

If you are VAT registered please send us a VAT invoice

**Claimants to note:** Please return the completed and signed form to your contact at
[Enter contact name and postal address]

**Staff to note:** Once this form has been approved and signed by the budget holder, please return it to Finance department [enter organisation address]

[Enter your organisation’s privacy statement/hyperlink]

 **For office use only: [Enter your own text here]**