**GLOUCESTERSHIRE COUNTY COUNCIL**

 ……………………………… Department

 NON – COUNTY COUNCIL EMPLOYEES / COUNCILLOR

 CLAIM FOR REIMBURSEMENT OF EXPENSES – PAYMENT VIA CREDITORS

 You are entitled to claim any out-of-pocket expenses you have incurred by attending this meeting.

 Please complete this form and hand it to the responsible Council officer, who will arrange for you

 to be reimbursed.

 Name ………………………. Address …………………………………………………………………

 Date of meeting ………………… Nature of meeting ………………………………………………….

 **Mileage claimed**

 From ………………………………………….to (location of meeting) ………………………………..

 and return = ……….miles @ p / mile = £

 **Fares** (please attach receipts) £

 **Subsistence**  £

 **Caring expenses** (please attach receipts) £

 **Total claimed** £

I certify that the above figures are correct. Signed …………………………………… Date …………….

 FOR OFFICE USE ONLY

 VENDOR NUMBER CLAIMS CHECKED BY CERTIFIED

 VENDORS INVOICE REF DOCUMENT NO.

 Transaction Date Date Received

 YR LEDGER CODE AMOUNT GENERAL LEDGER VAT

 MK GL ACCT / COST CENTRE £ p p ANALYSIS (12 ch)

 VAT

 TOTAL £