**Rep Expenses Claim Form**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date |  |

Personal Details

Bank Details – all expenses are now paid by BACS transfer

|  |  |  |  |
| --- | --- | --- | --- |
| Account number |  | Bank name |  |
| Sort code |  | Bank account name |  |

Mileage Expenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Journey taken and reason for journey | Mileage | Pounds per mile | Total |
|  |  |  | 0.45 | £ |
|  |  |  | 0.45 | £ |
|  |  |  | 0.45 | £ |
| Subtotal: | £ |

Public transport, parking and other expenses

|  |  |  |
| --- | --- | --- |
| Date | Journey taken and reason for journey | Total |
|  |  | £ |
|  |  | £ |
|  |  | £ |
| Subtotal: | £ |

Please attach all other receipts for public transport, parking and other expenses (excluding mileage). Forms submitted without receipts cannot be processed.

|  |  |
| --- | --- |
| Grand total | £ |
| Signature of claimant |  |

Please return form to a member of the Greater Manchester Cancer core team or return by email to gmcancer.voices@nhs.net, **no later than 3 weeks after the date the expenses occurred on.**

Or return by post: GM Cancer, 2nd Floor PBT Cabin, c/o The Christie NHS Foundation Trust, Wilmslow Road, M20 4BX

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| Budget holder approval by signature or by emailAnna Perkins, Communications and Engagement Lead Budget code E00471 |  |