

## Expenses Claim form

**(Please attach receipts)**

Claimant name (print)	
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T0 (Entity) code	
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Claimant address	
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T2 (Dept) code	
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Mileage claim	Number of miles	Amount per mile	Claim amount (£)
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**Note.** Enter values in mileage column below.

Use this line if two mileage amounts needed:	Number of miles	Amount per mile	Claim amount (£)
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Date	Brief description	Mileage (£)	Public transport (£)	Accom - modation (£)	Subsistence (£)	Stationery & supplies (£)	Public duties (£)	Other (£)	T8* (Project) code	T9 * (Fund) code	Total claim (£)
Totals											
Nominal account code		3462000	3463000	3466000	3467000	4581000	2562000			← Enter 'Other' acct. code here	

I confirm that the above expenses have been properly incurred by me in the conduct of my duties for St John Ambulance.

Claimant's signature  
and date

Local approval  
and date\*

Authorisation (Authorised signatory for SAC)	
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Print name		Date	
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