EXPENSE CLAIM FORM

EVENT .....

AT .....

DATE(S) .....

	CLAIM	
	£	p
TRAVEL		
Private Car: ..... miles @ £0.45/mile		
Parking: Attach receipt/ticket		
Public Transport: Attach receipt/ticket		
OTHER		
Give details below & attach receipts.		
TOTAL		

Name: .....

Address: .....

.....Postcode.....

Signed: ..... Date: .....

Authorised by: ..... Date: .....

All claims to be authorised by a NASA Executive Officer.
All claims will be processed in accordance with the latest legislation issued by HMRC.
The claimant will be responsible for declaring payments to HMRC where applicable.