

Resident Expenses Claim Form

Please fill each section that is relevant to your claim and return the form to a member of staff with all original receipts attached

Name			
Address			
Name of Meeting / Event		Date of Meeting / Event	

1. Travel Expenses	
Journey from:	
To:	
Purpose of journey:	
one way / return	
<i>Please fill in the amounts where relevant to your journey</i>	
Train Fare £.....	Bus Fare £.....
Taxi Fare £.....	Other £.....
Parking £.....	
Private Car <i>(receipts are not required, however, mileage may be checked against AA route planners etc)</i>	
Car Registration:	
Total Miles Travelled :	
Total Miles X 0.40p (Mileage Rate) = £	
Total Amount of Travel Expenses	
£	

2. Care Expenses	
No. of Hours	
Reason for the care required:	
.....	
Hourly Rate <i>(if applicable)</i> : £	
Total amount for care expenses	
£	

3. Subsistence Costs - Only applicable for training courses and conferences	
Reason for claim:	
.....	
Amount of allowance given £	
Amount to be reimbursed £.....	
Total Subsistence Costs	
£	

When making multiple claims please complete the details on the continuation sheet.

I declare that I have actually and necessarily incurred the above expenses and committed the above time in order to carry out training or attended meetings on behalf of Catalyst Housing Limited.

Budget Account Code:

Cost Centre:

I declare that I have actually and necessarily incurred the above expenses in order to carry out business behalf Catalyst Housing Limited.

Budget Account Code:

Cost Centre:

Signature (Resident)

Date.....

Signature (Budget Holder).....
(A 'budget holder' is a senior manager within Catalyst Housing Limited)

Date.....

Total Amount Received

£

NB: It is the responsibility of the payee to make any necessary declarations to the Inland Revenue or Benefits agency.