NEWBOLD COLLEGE — a mind-opening experience

Expense Report Form

Name: _____   **Month:** _____

1 CAR TRAVEL

Date	Mileage	Destination	Purpose	A/C Code	£
Total		=@45p/@25p (delete as appropriate)		**Sub Total Claim**	0.00

2 OTHER TRAVEL EXPENSES

Date	Details	Destination	Purpose	A/C Code	£
				Sub Total Claim	

3 OTHER REPORTABLE EXPENSES - NON-TAXABLE

Month	Details	A/C Code	£
		Sub Total Claim	

Total Claim for Reportable Expenses - Non-Taxable = _____

4 HOLIDAYS AND DAYS ABSENT

Days holiday taken this month (give dates): _____

Days absent (sickness or other reason etc), give dates: _____

(A self-certificate to be attached in case of sickness. Over 7 days a doctor's certificate to be handed in.)

DEPARTMENT: _____

Signed by Head of Department: _____

Signed by Senior Management Accountant: _____