Expenses Claim Form

*(Please copy your completed form and receipts and retain for your reference)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Date of Expense | Related Client | Details of Expense | Receipt enclosed (tick) | Total Cost (£) |
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Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed as accurate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use: Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_ Authorised\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone call - 10 pence per minute**

**Report Printing - 50 pence per report**

**Letter Printing - 10 pence per letter**

**Therapy Programme material**

**Stamps - with receipt**