



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 (£)

£

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