## **EXPENSES CLAIM FORM**

Name	
Address	

Date of expense	Details	Amount	Receipt attached or explanation if no receipt
Total:			

I confirm that this claim is accurate and that the above expenses have been incurred by me in the performance of my duties for SMS & Friends of Southampton Youth Orchestras. Signature:

## Date:

Friends of Southampton Youth Orchestras will meet all reasonable expenses incurred by claimants in carrying out their duties. Please give brief details of what work each expense relates to, giving details of all journeys and attach corresponding receipts. Expenses claimed without receipts may be declined. Travel should normall be by second-class rail, taking advantage of the cheapest fare as far as is possible. Taxis may be claimed for (with receipts) in line with expenses policy. Your assistance in keeping Friends of Southampton Youth Orchestras' costs as low as possible is greatly appreciated.
Authorised by:
Signature:
Date: