EXPENSES CLAIM FORM

- FOR DETAILED INSTRUCTIONS - SEE INSTRUCTIONS TAB. - ALWAYS USE A NEW MASTER FORM FOR EACH CLAIM, DO NOT USE A PREVIOUSLY COMPLETED ONE AS FORMULAE ARE LOST WHEN OVER-WRITTEN.

- PLEASE USE THIS FORM FOR PROVISION OF OFFICE COSTS CLAIMS

- DO NOT INCLUDE PARKING DUE FROM THE STAFF PARKING SCHEME.

- MAKE SURE ERRORS LISTED IN CELL I50-I52 ARE RESOL NAME:					James	Dipple-Johnstone	DATE OF CLAIM: DD/MM/YY	30/09/19			CLAIM REFERENCE:		Dipp30-09-19		
						COST CENTRE (TEAM NUMBER / NAME):		120 - LEADERSHIP TEAM			overwrite this cell with currency if "other" selected below				
DATE & TIME (FOR SUBSISTENCE CLAIMS)										AMOUNT CLAIMED		FINANCE USE			
RECEIPT DATE/ TRIP START		TRIP END TOTAL		TOTAL TRIP	REASON FOR TRIP	DESCRIPTION OF EXPENSE	CATEGORY	RECEIPT NUMBER	NO. MILES	NO. PASSENGERS	CHOOSE CURRENCY	PROJECT CODE			
DD/MM/YY	00 00 00	DD/MM/YY	00 00 00	HRS	WHY YOU TRAVELLED	WHAT YOU PAID FOR	CHOOSE FROM DROP DOWN LIST	ENTER NUMB	ER UNLESS	N/A APPEARS	UK£	USE DROP DOWN LIST	CODE		
15/09/19	14:00:00	17/09/19	14:00:00	48.00	Basel Trip to G7/BIS	2 nights overnight incidentals	Overseas overnight incidental allowance 2	6002	1	N/A	20.00	NO PROJECT - 0000	120-26002-0000		
-															
										1					
-															
-				-											
											j j				
Enter any notes relating to this claim here								Total miles	0	î i					
							TOTAL EXPENSES INCURRED 20.00								
Claimant declaration: James Dipple-Johnstone					James Dipple-Johnstone		CASH ADVANCE RECEIVED								
I confirm that all of the above expenses have been incurred wholly, exclusively and necessarily on ICO busines claimed that I held a valid driving licence and the vehicle used had a motor insurance policy for use in connec certificate on the date of travel.							TOTAL CLAIMED/(REPAID TO FINANCE)								
Andrew Hubert					Once the errors in Cell I50-52 are resolved, forward this claim expenses@ico.org.uk with "approved expenses" in the subject	rward this claim and your scanned receipts to your approver who should review it and then email it to es" in the subject.			n/a NO ERRORS n/a n/a						

EXPENSES CLAIM FORM

- ALWAYS U - PLEASE US - DO NOT IN	SE A NEW NE THIS FORI	VI FOR PROVIS	1 FOR EACH SION OF OFF OM THE STA	CLAIM, D FICE COST AFF PARKII		OVER-WRITTEN.								
NAME:					Nicola	Wood	DATE OF CLAIM: DD/MM/YY		02/09/1	9	CLAIM REFERENCE:		Wood02-09-19	
						COST CENTRE (TEAM NUMBER / NAME):			120 NEDs			overwrite this cell with currency if "other" selected below		
DATE & TIME (FOR SUBSISTENCE CLAIMS)											AMOUNT CLAIMED		FINANCE USE	
			END	TOTAL TRIP	REASON FOR TRIP	DESCRIPTION OF EXPENSE	CATEGORY	RECEIPT NUMBER	NO. MILES	NO. PASSENGERS	CHOOSE CURRENCY	PROJECT CODE		
DD/MM/YY	00:00:00	DD/MM/YY	00:00:00	HRS	WHY YOU TRAVELLED	WHAT YOU PAID FOR	CHOOSE FROM DROP DOWN LIST	ENTER NUME	ER UNLESS	N/A APPEARS	UK £	USE DROP DOWN LIST	CODE	
05/08/19				n/a	Management Board Meeting	Return trip by car - Cambridge to Wilmslow	Car miles - 45p standard rate 26001	N/A	346	0	155.70		120-26001-	
-														
Enter any notes relating to this claim here								Total miles	346					
TOTAL EXPENSES INC							TOTAL EXPENSES INCURRED				155.70			
Claimant declaration:					Nicola Wood		CASH ADVANCE RECEIVED							
I confirm that all of the above expenses have been incurred wholly, exclusively and necessarily on ICO business and I held a valid driving licence and the vehicle used had a motor insurance policy for use in connection with business, travel.							t TOTAL CLAIMED/(REPAID TO FINANCE)							
Chris Braithwaite					Once the errors in Cell I50-52 are resolved, forward this claim and your scanned receipts to your approver who should review it and then email it to expenses@ico.org.uk with "approved expenses" in the subject.			n/a NO ERRORS n/a n/a						