

# UNISON Cambridgeshire County

## Travelling Subsistence and Sundry Expenses Claim

Name .....

Address .....

.....

.....

Postcode .....

FOR OFFICIAL USE ONLY

Chq No.....

Budget .....

Date sent .....

**Claim for expenses incurred in undertaking duties listed overleaf during the period** ..... **to** .....

### TOTALS

	£	p
<i>Car Mileage</i>		
.....miles @ ..... p		
<i>Public Transport</i>		
a) Bus Fares (Tickets attached)		
b) Rail Fares (Tickets attached)		
c) Taxi Fares (Receipts attached)		
Subsistence .....		
Sundry Expenses .....		
<b>Total Claimed</b>	£	p


I hereby certify that the expenses claimed above have been incurred in undertaking the duties detailed overleaf on behalf of the UNISON Cambridgeshire County Branch.

**SIGNED** .....

*(Claimant)*

**CERTIFIED** .....

*(Branch Secretary)*



**RETURN FORMS TO: Unison, RES1409, The Old Police Station, Shire Hall, Cambridge CB3 0AP**

# SCALE OF ALLOWANCES

## Car Mileage

The rate is 40p per mile. Additional 5p per mile can be claimed if carrying a Unison member as passenger.

## Public Transport (*should be used whenever possible*)

Second Class rail/bus ticket. Advantage of special fares should be taken wherever possible.

## Taxis

Where it is necessary to use taxis because of a deficiency in appropriate or accessible forms of public transport, expenditure will only be reimbursed where receipts are attached to the claim.

## Subsistence & Other Sundry Expenses (including dependant care costs)

Please contact the branch office for more details

### Travelling Allowances Claimed

Date	Meeting	From	To	Rtn	Miles	Fares	Subs
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
				Y/N		£	£
TOTALS TRANSFERRED TO FRONT OF CLAIM FORM						£	£

### Other Allowances/Expenses Claimed

Date	Type of Claim	Unit Costs	Total
			£
			£
			£
TOTALS TRANSFERRED TO FRONT OF CLAIM FORM			£