

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**  
**Governors Expenses Claims Form**

<b>Name</b>		<b>Address</b>	
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**Travel Expenses Claim\***

Date	Meeting title	Location	Mileage	Claim
				£ -
				£ -
				£ -
				£ -
				£ -
				£ -
				£ -
<b>Sub Total Travel Expenses</b>				£ -

**Other Expenses Claim\***

Date	Meeting title	Expenses details	Claim (£)
<b>Sub Total Travel Expenses</b>			£ -
<b>TOTAL EXPENSES CLAIMED</b>			£ -

**\* Note: Original receipts/tickets/invoices must be attached**

**DECLARATION:** I, the claimant, declare that:

- The travelling expenses claimed here are in connection with official journeys to places indicated on the dates shown and have not been claimed elsewhere
- My current vehicle insurance policy provides cover for full third party insurance including cover against the risk of injury to, or death of, passenger(s) and damage to property, and covers the journeys claimed. I also certify that I hold a current driving licence and MOT certificate (where required by law) for the vehicle used
- I understand that action may be taken against me if I make an incorrect claim. I consent to the disclosure of relevant information on this form for the purpose of fraud prevention, detection and investigation
- I understand that if I knowingly and dishonestly provide false information this may result in my removal from the Council of Governors for misconduct.

**Claimant's Name**

**Claimant's Signature**

**Date**

**BANK DETAILS**

**Account Name**

**Account No**

**Sort Code**

*Office Use Only*

**Authorised by**

**Signature**

**Designation**

**Cost Centre**

ER150