nipsa Claim for reimbursement of travel and other expenses

Protecting Public Services
Supporting Public Servants

All details must be filled in using BLOCK CAPITALS

Forms must be submitted within 3 months of earliest claim date shown. Payment cannot be made for bus, rail, car parking and other expenses unless receipts are attached. **Incomplete or uncertified forms can lead to delay in payment of expenses.**

Name:	Branch No.	Membership No.	Car Registration No.
Office Address:	Home Address:		
Postcode:	Postcode:		
Daytime Telephone:	Email:		

Date	Time		Means of Travel	Total return miles	Passengers		Subsistence/ Other Expense	Venue	Nature of Business
	Start	Finish			No.	Name(s)			
Total Mileage					**Total Expenses**				

Declaration: I declare that the expenses claimed herewith have been incurred on the business of NIPSA and are not chargeable in whole or in part to any other body.

Claimant's Signature:	Date:
Certified or approved by:	Date:
Print Name:	Office held:

For Office Use Only	
Mileage:	+Expenses
x Rate:	Total Claim
Total:	Payment Ref
	Date Paid:

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