

**SHARED LIVES SCHEME
EXPENSES CLAIM**

Please use a separate claim form for each course undertaken.			
Employed by N.S. Council?	YES	NO	
If not an employee, please specify:			
PERSONAL DETAILS			
Name:			
Home Address:			
Post Code:			
COURSE DETAILS			
Course Title:			
Course Location:			
Dates of Attendance:			
Course Start Time:	Course Finish Time:	Hours:	
Course Fee	£		
TRAVEL DETAILS (A VAT receipt <u>must</u> be attached in all cases or payment will not be authorised)			
Number of miles from Home to Course Location & return (A)			
LESS Number of Miles from Home to Office Base & return (B)			
Daily Excess (A-B)			
Calculation = Daily Excess () x No. of Days () x Rate Per Mile ()			£
BANK DETAILS			
Bank name:		Account Name:	
Account Number:		Sort Code:	
OTHER EXPENSES (receipts must be attached in all cases or payment may not be authorised) Subsistence is only payable for courses that finish after 1.30 p.m. Current maximum allowances are shown on the Intranet.			
Public Transport			
Subsistence			
Accommodation charges			
Other (please specify)			
TOTAL OF EXPENSES & MILEAGE			
I certify that the amounts claimed are correct and have been incurred in connection with an approved course of study. This claim is in accordance with North Somerset financial Assistance scheme for training.			
Signature of claimant:	(Signed)	(Printed)	
Date:			

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--- OFFICE USE ---

Account Code:										Cost Centre:				
VAT receipt attached:		YES	NO											
Authorised:		(Signed)						(Printed)						
Date:														