



**EXPENSE
CLAIM
FORM**

EVENT

AT

DATE(S)

TRAVEL

Private Car: miles @ £0.45/mile

Parking: Attach receipt/ticket

Public Transport: Attach receipt/ticket

OTHER

Give details below & attach receipts.

CLAIM

£

p

TOTAL

Name:

Address:

.....Postcode.....

Bank: A/C S/C

Signed: Date:

Authorised by: Date:

All claims to be authorised by a NASA Executive Officer.

All claims will be processed in accordance with the latest legislation issued by HMRC.

The claimant will be responsible for declaring payments to HMRC where applicable.