LCGB Expense Claim Form

All expenses claims should be made in line with the LCGB Expenses policy
Complete this form and attach all relevant receipts and supporting documentation if unable to claim via Xero. Claims should be submitted within 3 months of incurring the expense.

Claimant Details

Date of Submission:

Full Name:

Role: ☐ Trustee ☐ Volunteer
☐ Administrative Specialist ☐ Other: _____

Email Address:

Telephone Number *(optional):*

Preferred Payment Method: ☐ Bank details held by LCGB
☐ New, bank details *(complete section below)*

If first claim, please include BACS details *(These details are stored securely and used solely for reimbursement purposes.)*
Account Name:

Account no: Sort code:

Rationale for the Claim

Date(s) of Event/Activity:

Event/Meeting Name (if applicable):

Provide a brief description of the activity or event for which the expenses were incurred:

Expense Details

Complete all relevant lines and one line for each expense claimed.

Travel	Date	Description	From/To	Mileage	Amount	Receipt
Train						
Car Mileage						
Parking Fees						
Taxi						
Flight						
Total amount of Travel claimed						

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Expense Details Continued

Private Vehicle Use *(Complete if claiming mileage)* **Date(s) of Event/Activity**:

Mileage claimed at: ☐ 55p per mile

Vehicle Registration (optional):

Postcode From: **Postcode To**: **Number of Miles Travelled**:

Passengers travelling in the vehicle? ☐ No ☐ Yes

If YES provide passengers names:

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Subsistence	Date	Description	Amount (£)	Receipt
Accommodation				
Breakfast				
Lunch				
Dinner				
Incidental Expenses				
		Total amount of Subsistence claimed		

Office Supplies	Date	Description	Amount	Receipt
Mobile/Telephone				
Broadband				
Work from Home – Household				
Work from Home – Stationery				
Postage				
Recognition/Welfare Gift				
Other				
		Total amount of Office Supplies claimed		

- **Total Amount Claimed**: £_____

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Accessibility and Support Companion Expenses

If claiming expenses relating to an approved Support Companion, complete this section.

Has prior approval been obtained? ☐ Yes ☐ No

Name of Support Companion:

Type of Expense Claimed:

- **Total Amount Claimed**: £_____

Declaration

I confirm that:

- The expenses claimed were incurred wholly and necessarily in carrying out authorised LCGB business.
- The information provided is true and accurate to the best of my knowledge.
- I have attached all relevant receipts and supporting documentation.
- I understand that knowingly submitting false claims may result in reimbursement being refused and further action being taken.

Claimant Signature: _____ **Date**: _____

LCGB ADMIN ONLY

Approval to be completed by the authorised approver.

Reviewed by:

Role: ☐ Treasurer ☐ Chair ☐ Authorised Trustee

Approved: ☐ Yes ☐ No

If NO, rationale:

- **Amount Approved**: £_____

Signature: _____ Date: _____

Date Reimbursed: _____ Payment Reference: _____