Expenses claim form

Please attach original supporting receipts, VAT invoices, etc. and send to the Finance Director, Resolution Central Office, PO Box 302, Orpington BR6 8QX within 28 days.

|  |  |  |
| --- | --- | --- |
| **Name of claimant:** |  | |
| **Name of meeting:** |  | |
| **Date of meeting:** |  | |
| **Description of expense:** |  | |
| **Amount of claim:** | £ | |
| **BACS details:** | **Account name:** |  |
| **Sort code:** |  |
| **Account number:** |  |

**If these BACS details are different to those previously submitted please tick this box:** ☐

BACS transfer is our preferred means of reimbursement. However, if you would prefer a cheque then please enter the payee details and address below.

|  |  |  |
| --- | --- | --- |
| **Name of cheque payee** (only if different from claimant name) | | |
|  | | |
| **Address/DX** (for cheque payments only) | | |
|  | | |
|  |  | |
| **Signature and date:** |  | **Authorised (Resolution office use only):** |
|  |  |  |