EXPENSES FORM

Claim for reimbursement of expenses

Name:

Department:

Activity Claimed for:

Date	Reason	Amount
	Total Amount Claimed	
	Less: Received in Advance	
	Amount now Due/To Be Returend	

THE ABOVE EXPENDITURE HAS BEEN PROPERLY INCURRED AND HAS NOT PREVIOUSLY BEEN REIMBURSED

Signature:

Signature of Party Leader/Branch Officer:

PRINT NAME:

Please see the document linked here for the current rates that can be claimed

UNISON

UNISON Dudley General
Council House, Dudley, DY1 1HF

Tel: 01384 233870
01384 815394