|  |
| --- |
| UNISON SOUTH EAST REGION EXPENSES CLAIM FORM |

 **FULL NAME:** (please print)............................................................................................................

### ADDRESS: .....................................................................................................................................

........................................................................**POST CODE**...........................................................

**EMAIL ADDRESS**: (*for payment notification)* ................................................................................

 **MEETING ATTENDED** : .................................................................................................................

**VENUE**: ..........................................................................................................................................

**LEFT HOME/WORK**  ................................am/pm **DATE**: .............................................................

**RETURNED HOME/WORK** ................... am/pm **DATE**: .............................................................

**OTHER MEETINGS ATTENDED ON SAME DAY**.........................................................................

## TRAVELLING EXPENSES

### Public Transport *(Receipts must be provided)*

From: ............................................To: .............................................. £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mileage @ 45p per mile:**

From: ....................................To: ................................. ( Miles) £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Car Allowance Supplement: 20%

Representative/delegate Name(s) .................................................... £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Car Parking** ....................................................................................... £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Taxi** ..................................................................................................... £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(See overleaf). Please state clearly if Taxi claim is due to disability (Facilitation Budget)*

**Cycle Mileage** .....................Miles @ **20p per mile** £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSISTENCE**  *(see overleaf)*  £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCOMMODATION** *(see overleaf)* £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITATION** *(see overleaf):*  **Personal Assistance Claim Form must be completed**

 **TOTAL CLAIMED**  **£\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am usually paid by: BACS CHEQUE**

**TOTAL CLAIMED**  **£\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am usually paid by: BACS CHEQUE**

**SIGNED: ………………………………………… Date: ………………………………………..........**

*I certify that the above information is a true record of my incurred expenses.*

 *Please note that this data will be scrutinised by your Committee/Group Chair, Vice Chair and the Regional Finance Committee to ensure financial probity. If you have any queries about the use of this data, please contact the relevant Committee for details.*

FOR OFFICE USE:

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUDGET : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ONLINE BANKING |

If you wish to have your expenses paid directly into your Bank Account, please provide the details below.

***\*Please do not complete this form if you have already done so for previous expenses claims, unless your account details have changed\****

|  |
| --- |
| **Name of Account Holder** |
| **8-Digit Account No.** | **Sort Code** |
| **E-Mail Address**  |

SIGNED: ………………………………………… ………….. DATE: ……………………………………….

**PLEASE RETURN TO:**

LAY FINANCE

UNISON SOUTH EAST

RANGER HOUSE

WALNUT TREE CLOSE

GUILDFORD

SURREY, GU1 4UL

SIGN UP TO ONLINE BANKING!

* QUICK

EASY

PEACE OF MIND

* PAYMENT IS TRANSFERRED DIRECTLY INTO YOUR ACCOUNT
* NO MORE CHEQUES LOST OR DELAYED IN THE POST
* YOU WILL RECEIVE A COURTESY EMAIL ONCE YOUR CLAIM IS IN PROGRESS

Email us at: financese@unison.co.uk

|  |
| --- |
| GUIDANCE NOTES |

*The guiding principle relating to expenses is that expenditure must have been incurred and that payment is by way of reimbursement. All claims must be submitted no later than 30 days after the date of the meeting / event to which the claim relates.*

**Travel**: Please state the town from which you travelled and the town to which you will be returning.

### Public Transport: Public transport covers bus and rail travel. Rail – standard rail fares only will be reimbursed. Disabled members may claim the cost of first class rail travel where standard accommodation presents difficulties. RECEIPTS MUST BE PROVIDED.

### Mileage Allowance: Mileage rate - 45p per mile.

### Car Allowance Supplement: A supplement of 20% can be claimed for each representative or delegate sharing your vehicle. This extra claim should show the passenger’s name(s) and the town(s) from which they were carried with the mileage if different from that of the driver.

### Car Parking & Taxis: Please state cost incurred. RECEIPTS MUST BE PROVIDED.

*SE Region: Financial Standing Orders “Car parking expenses can legitimately be reclaimed but, where possible, they should be accompanied by appropriate documentary evidence.*

*Taxis should only be used in cases of urgency, when other public transport is not available, when heavy luggage is to be carried or in a case of disability which renders the taxi to be deemed to be necessary. Furthermore, travel by taxi is also available if there is a real threat to your personal safety. Receipts must be provided for all journeys by taxi, together with a note of why the taxi was used, otherwise the claim may not be reimbursed”.*

### Cycle Mileage: Mileage rate 20p per mile.

**Daily Subsistence Rates:** Members are able to claim up to 3 meal allowances per day as per the following rates which are set by HMRC and so will not attract tax. They will be adjusted in line with any changes made by HMRC.

UNRECIPTED: Members are able to claim the following without receipts:

* For periods away from your normal place of home/work over 5 hours - **£5** (non receipted)
* For periods away from your normal place of home/work over 10 hours - **£10** (non receipted)
* In addition to above if returning home after 8:30pm a dinner allowance of **£15** (non receipted)

***- OR -***

RECEIPTED: You can submit claims for receipted reimbursement of actual costs incurred up to:

* Breakfast: when leaving home before 7.00am - **£5.45**
* Lunch: where absence from normal place of home/work is between 12:00pm & 2:00pm - **£7.10**
* Dinner: when returning home after 8:30pm - **£20.15** (excluding alcohol)

*Claims will only be authorised if the stated time of leaving your home/office, and the time of return, are reasonable and proportionate to the start and end time of the meeting.*

*For members attending more than one meeting per day, the appropriate subsistence payment should be calculated by adding together the time spent overall at the meetings including travel time. Please consult your committee’s organiser if you wish to make a claim involving a mixture of receipted and unreceipted subsistence.*

**Overnight Subsistence Rate:** If members are required to be away from home overnight they will be entitled to receive the following payment for each 24hr period. This will be calculated from the time of leaving home or their place of work on UNISON business to their return home or place of work.

A non taxable payment for absence from normal place of home / work of £30, plus a taxable payment of £10, giving a total of £40 (£38 after tax) per full 24hr period can be claimed. This allowance replaces the daily allowances listed above.

For any period over and above the 24 hours - expenses payable reverts to daily rates above until the next 24 hour period completed and so on.

**All Inclusive Events:** Where an all inclusive event or meeting is held and all meals are provided members are entitled to receive a £5 out of office allowance for each 24 hours period in place of the allowances detailed above.

**Deductions:** When a meal has been centrally provided by UNISON or an outside body, a deduction of £5 will be made in respect of lunch, and £15 where a dinner has been provided. Please remember any meals provided should be clearly marked on your expenses claim form.

ANY OVERNIGHT STAY REQUIRES PRIOR APPROVAL FROM THE BUDGET HOLDER/STAFF.

**Facility or Access Requirements**

SE Region Financial Standing Orders: *UNISON is committed to assisting members with disabilities and anyone requiring assistance (including the use of a personal assistant) is asked to notify the Officer responsible for the meeting, giving as much advanced notice as possible (a minimum of two weeks).”*

**Facilitation: £7.50 per hour, up to a maximum of 13 hours per day.** Unpaid breaks must be incorporated into the total number of hours worked. Expenses claims will only be processed when submitted together with a completed/signed Personal Assistance claim form.

**Personal Assistance Claim Form**: Personal Assistants wishing to claim Travel & Subsistence should complete their own separate version of this Expenses Claim Form as well.

**Tax Implications:** UNISON will deduct the tax payable on the expenses claims and pay this over to the HMRC.

* For basic rate tax payers no further action need be taken.
* Non tax payers – Members may be able to reclaim the tax paid from the HRMC
* Higher rate tax payers – Members who pay the higher rate of tax will be responsible for paying any additional taxable amount due on the expenses received.

**Please send completed claim forms to:**

Address: Lay Finance, UNISON South East, Ranger House, Walnut Tree Close, Guildford, Surrey, GU1 4UL.

Email: financese@unison.co.uk

Fax: 0148 357 0271