

LINCOLNSHIRE UNISON EXPENSES CLAIM FORM

Please complete clearly and sign the form

NAME: _____

ADDRESS: _____

MEMBERSHIP NO. _____

MONTH OF CLAIM: _____

PLEASE PROVIDE DETAILS OF THE MEETING YOU ATTENDED IN THE TYPE & LOCATION BOX, eg. Disciplinary, grievance, training, conference, recruitment, branch council etc.

DATE	TYPE & LOCATION OF MEETING	TRAVEL TO & FROM (INCL. POSTCODES)	DEPART & RETURN TIMES	MILES	NAMES OF ADDITIONAL PASSENGERS	PUBLIC TRANSPORT	SUBSISTENCE	OTHER	TOTAL
TOTAL									

I declare that the above expenses have not been claimed on any other claim

All claims must be accompanied by receipts and submitted monthly.

Signed _____

**UNISON WILL REIMBURSE EXPENSES TO ENSURE THAT NO MEMBER IS
DETERRED FROM TRADE UNION ACTIVITY BECAUSE OF FINANCIAL CONSIDERATIONS.**



TRAVEL

Travel costs will be reimbursed by the branch. With effect from March 2013 the following rates apply:

- 45p per mile if travelling alone
- 49p per mile with one passenger
- 59p per mile with two passengers
- 66p per mile with three passengers

Please specify the name of any passengers

If using public transport, please include all receipts

SUBSISTENCE

UNISON Daily Rates

Half day branch business	£5.00
Full day branch business	£10.00
Full day national business	£15.00

Subsistence may only be claimed when the Branch Representative/Officer is away from their workplace and where refreshments are not available.

Overnight Rate

As from 2015 HMRC overnight rate £38.00

REGIONAL CLAIM

Please indicate if a claim has been submitted to region for a payment and if so do not fill in the amount boxes for mileage etc on the claim form.

PLEASE ENSURE CLAIMS ARE SUBMITTED WITHIN ONE MONTH AND ALL RECEIPTS ARE ATTACHED

