Expenses Claim Form

Page _____ of _____

Please ensure you are authorised to incur the specific expenses before making any claim

Name: Stephanie Trayhurn

Address: .....

Mileage Claims to be claimed at the appropriate rate in line with current HMRC guidance

Date	To	From	Purpose of Visit	Total Miles
			Total Miles	
			Rate per Mile £	
			TOTAL of MILEAGE claimed on this sheet £	

Other Expenses

Date	Description	Amount (£)
3/6/26	Melbourn Hub - meeting	20.25
	TOTAL of OTHER EXPENSES claimed on this sheet £	

TOTAL EXPENSES CLAIMED ON THIS SHEET £	

Please ensure you provide and attach receipts for all expenses other than mileage

Signature of Claimant: ..... Date: .....

Authorised by: ..... Date: 22.6.26

NOTE: Continue on a second numbered sheet if necessary

Stephanie expenses.

THE MELBOURN HUB
COMMUNITY CENTRE
30 HIGH STREET, MELBOURN
CAMBS, 01763 263303

JANE H REG Terminal-01
WEDNESDAY 3 JUNE 2026 12:07 215659

ORDER NO: 58
TABLE NO: 10
COVERS 2

2	HOT DRINKS	£6.10
6	SANDWICHES	£17.50
	Open Table	10
	HOT DRINK VOUCHER	£-3.35
	8 No	
	TOTAL	£20.25
	CREDIT CARD	£20.25

RATE	NET	TAX
T1 VAT @ 20%	£5.08	£1.02
T2 VAT (food) @ 20%	£14.58	£2.92

VAT No 276 1365 90

Thank you for visiting us
Please come again

Expenses.

N HUB
CENTRE
MELBOURN
263303

Terminal-01
12:07 215659

NO: 58
NO: 10
RS 2

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6 SANDWICHES £17.50
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8 No
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CREDIT CARD £20.25

RATE NET TAX
T1 VAT @ 20% £5.08 £1.02
T2 VAT (food) @ 20% £14.58 £2.92

VAT No 276 1365 90

Thank you for visiting us
Please come again

Expenditure Authorisation

Date: 04/06/26
Account code: 4070.
Budget code: 100.
PC 240626
Signature: