

1	Personal Details (Please use BLOCK CAPITALS)	2	Home Address (to be completed in all cases)		
Title Mr, Mrs, Miss, Ms, Other..... Surname Full First Name(s) HASSRA Region: HASSRA Membership No Staff Number or "Retired" Name of Office Location Contact Telephone Number		Postcode			
				3	Bank Details
				Name of Bank Full Postal Address Post Code Sort Code Account Number Account Name	
		Bank Details			
		Please see the attached guidance notes before completing this document.			

4	Reason for claim
Date(s)	Event & Venue (full address)

5	Official Passengers
Name, location and pick up point of official passengers	

6	Details of Journey (please include each section of your journey, including where you pick up passengers)									
Date	From*	To*	Start Time	End Time	Method of Transport	Actual Mileage	Passenger miles	Actual fares paid	Other expenses	Explanations
Totals						0	0	 	 	Total Claimed
Rate per Mile						0.25	0.05	 	 	
* State "Home" or "Office" if appropriate						£0.00	£0.00	£0.00	£0.00	£0.00

7	Declaration
HAVE YOU ATTACHED ALL RECEIPTS ?	
<p>I declare that</p> <p>* I am a current member of HASSRA</p> <p>* I have received prior approval for this travel claim from my Regional Association</p> <p>* I have travelled and/or incurred the expenses described above solely in connection with the event(s) specified on this form</p> <p>* I am not eligible to receive these expenses (in part or full) from any other body or organisation</p> <p>* The passenger(s) who travelled with me qualify for reimbursement under national HASSRA rules</p>	
Signed:	
Date:	
<p>NB Mileage will be checked by AutoRoute to confirm figures stated are correct.</p>	

8	Certification (COMPLETED BY EVENT ORGANISER/OTHER AUTHORISED HASSRA OFFICIAL <u>not</u> self-certified)	Regional Mileage Check
<p>I confirm that the person named above was in attendance at the event(s) detailed on this form.</p>		<p>Mileage has been checked and is correct</p>
<p>Signed</p>		<p>Date</p>
<p>Name (BLOCK CAPITALS)</p>	<p>Position Held</p>	<p>Initials</p>

9 FOR OFFICIAL USE ONLY - to be completed in all cases					
9a	Local payment authorisation	9b	Payment by Region	9c	National Reimbursement/Payment
<p>Authorised for Payment:</p> <p>Amount: £</p> <p>Signed:</p> <p>Position:</p> <p>Date:</p>		<p>Payment</p> <p>Paid: £</p> <p>by : - (delete as appropriate)</p> <p>Cheque - Number</p> <p>Cash - (see aside)</p> <p>Date:</p>		<p>Payment</p> <p>Reimbursement of £</p> <p>Cheque Number:</p> <p>Signed:</p> <p>Date:</p>	