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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UNISON**  **MEMBERS EXPENSES CLAIM FORM** | Payee :( please print) Mr Ms Mrs Miss **Initial** **Surname**  ........................................................................................ | | | | | | | | | | | **Membership number**  **......................................................** | | | |  | |  | | |
| **Address** | | | **Meeting Title** | | **Start / Finish** | | | **Location** | | | **Date** | | | **Approval Signature** | |
| ......................................................... | | | 1 | |  | | |  | | |  | | |  | |
| ......................................................... | | | 2 | |  | | |  | | |  | | |  | |
| ......................................................... | | | 3 | |  | | |  | | |  | | |  | |
| ......................................................... | | | 4 | |  | | |  | | |  | | |  | |
| Left Home/Work on......................... at .......................... am/pm  Returned Home/Work on........................ at............................ am/pm | | | | | | | | | **Cost centre:**  1......................................2...................................  3......................................4................................... | | | | | | |  | | |  | | |  | |
| **Description of expense** | | **Total claimed**  **£ P** | | **Expense head** | | | **Meeting 1** | | | **Meeting 2** | | | **Meeting 3** | | **Meeting 4** | |
| **Standard rail fare** | |  | | **350-01** | | |  | | |  | | |  | |  | |
| **Air travel UK** | |  | | **350-03** | | |  | | |  | | |  | |  | |
| **Taxis (Receipts Essential)** | |  | | **350-05** | | |  | | |  | | |  | |  | |
| **Misc. travel eg. Underground, bus, tolls etc:** | |  | | **350-06** | | |  | | |  | | |  | |  | |
| **Standard mileage**  **................miles @............pence** | |  | | **350-22** | | |  | | |  | | |  | |  | |
| **Subsistence: meals/daily/overnight allowance** | |  | | **360-02** | | |  | | |  | | |  | |  | |
| **Accommodation charges:**  **No. of nights.............** | |  | | **360-01** | | |  | | |  | | |  | |  | |
| **Childcare/carers allowance**  **Number of children.......**  **(see reverse for details)** | |  | | **380-01** | | |  | | |  | | |  | |  | |
| **Loss of earnings:**  **(Please see reverse of form for details)** | |  | | **390-01** | | |  | | |  | | |  | |  | |
| **Any other exps- Details:** | |  | |  | | |  | | |  | | |  | |  | |
| **Sub Total** | |  | |  | | |  | | |  | | |  | |  | |
| **Deductions- meals provided etc**  **Details:** | |  | |  | | |  | | |  | | |  | |  | |
| **Final Total Claimed** | |  | |  | | | For finance use only: | | |  | | |  | |  | |
| For Finance Use Only:  BACS posted...:.................................Initials:...................  QB Posted:........................................Initials:................... | | | | | | **Bank Details**  **Sort Code………………………………………………..**  **Account number……………………………………….**  **E-mail Address…………………………………………**  Signature of claimant:...............................................................  Date:................................................................. | | | | | | | | | |  | | | |  | | |  | |

**(Green)**

**ONCE COMPLETED PLEASE SEND THIS FORM TO YOUR COMMITTEE ADMINISTRATOR FOR APPROVAL AND CODING**

PLEASE INFORM FINANCE OF ANY CHANGE OF ADDRESSPlease read these notes carefully. any omissions or errors may delay the processing of your claim.

**1**. Members are entitled to claim expenses in accordance with agreements approved by the National Executive Council.

**2**. The general principle is that expenditure should have been incurred and that payment is by way of reimbursement.

**3**. Each meeting must be clearly indicated together with location, date, **and** **start time of the first/only meeting and the finish time** of the last/only meeting.

**4.** The total amount claimed for each item of expenditure should be entered in the ' Total Claimed' column. If no amount is entered against an item of expenditure then it will be assumed that no claim is being made.

**5**. Where 'details' of expenditure or deductions are requested a brief description e.g. phone, lunch etc. should be entered in the box provided. If there is not enough room for the description then an accompanying note can be attached.

**6**. All claim forms must be handed to or posted to the committee clerk responsible for the meeting(s) for authorisation. DO NOT PASS UNAUTHORISED CLAIMS DIRECT TO THE FINANCE DEPARTMENT.

7. **Members are responsible for their own Tax affairs**.

**RAIL TRAVEL**

In all cases rail travel must be booked via Stewart Travel in advance. Rail Travel contact desk number is 0845-872-4440

If circumstances prevent you from using Stewart Travel you must attach receipts for the rail tickets purchased.

A**IR TRAVEL**

Air travel should only be arranged if a saving of time and expense can be made to both the member and Unison. Air travel can be booked through Stewart Travel on the following number: 0845-872-4440.

**PRIVATE CAR**

Travel by private car is reimbursed at the rate of 45p per mile for the first 10,000 miles (in total for all UNISON related claims) thereafter at the rate of 25p per mile. It is the members responsibility to maintain a record of their mileage total in each tax year and adjust their claims accordingly.

Members giving lifts to colleagues in their own car are entitled to claim an additional 5p per mile for each member carried. Such claims should show which members were carried. Members receiving lifts are not entitled to claim for mileage. Receipts must be provided for any parking expenses claimed when a private car is used.

**TAXIS**

Taxis should only be used in the cases of urgency or when other public transport is not available. Receipts must be provided for all journeys taken by taxi. No payment for taxi journeys will be made unless these criteria are met.

**SUBSISTENCE & OVERNIGHT ACCOMMODATION - This is reimbursed on the basis of the following**;

HMRC revised rates for daily subsistence allowance as of 6 April 2016.

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)

For periods away from your normal place of home/work over 15 hours - £25 (non receipted)

Where a meal allowance of £5 or £10 is paid and you return home after 8.00pm an additional £10 can be paid giving a total

Of £25 for 3 meal allowance over 15 hours as above. This is the maximum allowance claimable without receipts.

**Alternatively, members can submit a claim for receipted reimbursement of actual costs incurred up to**:

Breakfast: when leaving home before 7.00am - £5.45

Lunch: where absence from their normal place of home/work is between 12:00pm and 2:00pm - £7.10

Dinner: when returning home after 8:00pm - £20.15 (excluding alcohol)

**Overnight Subsistence Allowance**

If members are required to be away from home overnight they may claim the following payment for each 24HR period. This will be calculated from the time of leaving home or their place of work to their return home / work. A non taxable payment of £30, plus a taxable payment of £10, giving a total of £40 per each 24HR period can be claimed. This allowance would replace the daily meal allowances listed above. For additional periods away after 24 hours the daily rates then apply.

**Deductions**: When a meal has been centrally provided by UNISON or an outside body a deduction of £5 will be made for lunch and £15 when a dinner is provided.

**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.

**DEPENDANT CARE**

Where a child does not accompany the member to the meeting the allowance payable is up to £32.00 per day and up to £16.00 per night (the nightly allowance starts from 6.00pm) for the first child. 20% of these figures are payable for each subsequent child. You are only entitled to claim expenditure that has been incurred over and above your normal childcare costs for a normal working day or weekend. A separate claim form is available and should be used for home care costs. Where a child accompanies the member to a meeting and attends a crèche, the rate payable is £15.00 per day. If no crèche is provided the daily allowance payable is £30.00 per day. For children aged between 13 and 17 years and adult dependents the daily allowance is £40.00. For adult dependant care, please refer to the “members’ guidelines for claiming expenses” document.

**LOSS OF EARNINGS**

Loss of earnings can only be reimbursed upon production of an official letter from the employer stating the date of unpaid leave and the net amount deducted from your salary. NEC members please refer to NEC Handbook before claiming.

**May 2016**