

Expenses Claim form

Name of person making the Claim: _____

Relating to Student (s): _____

Relating to School (s): _____

Relating to Host Family: _____

Expenses:

Travel (please include receipts)

Bus / Coach / Train fares: £

Car mileage: £

Taxi fares: £

Other

1

Miscellaneous (please state what for) £

Phone costs: £

Reimbursement of time Hours

Total: £

Signature: _____ Date: _____

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Please submit this Claim form with receipts to:
Brighter Prospects Guardians