This Form was created in Word using VF Creator.

Created: 16/01/2018 by the VF Creator team.

VF Creator turns documents created in Word into online forms.

You can view/edit eForm features, after installing the VF Creator add-in. A new VF Creator ribbon will be available which allows you to create/edit eForms.



Please visit [VictoriaForms.com](http://www.formpony.com/)/VF-Creator/ to start creating online forms in Word.

**Candidate Expense Claim Form**

To claim for expenses, please complete this form, attach scanned copies of receipts and supporting documents, and submit this form within 60 days of your recruitment event. Please note the following for smooth processing of claims:

1. All fields on this form are mandatory, unless otherwise specified.

2. Ensure accuracy and completeness of information provided to avoid delays in payment processing.

**Personal Details**

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Address |  |
| Post code  |  |
| County  |  |
| Telephone number |  |
| Email address |  |

**Recruitment Event Details**

|  |  |
| --- | --- |
| Type of recruitment event (e.g. Interview/Final Assessment/Exam) |  |
| Date of recruitment event |  |
| Location of recruitment event |  |

**Bank Details**

|  |  |
| --- | --- |
| Bank name |  |
| Bank account owner name |  |
| Bank account number |  |
| Sort code  |  |

**Details of Travel Expenses Incurred**

Please note the following:

1. Amount and currency indicated in the Expenses Details section should match receipts provided.

2. For mileage, use the following rates and indicate the number of miles travelled:

 GBP 0.20 per mile

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | From(Post code) | To(Post code) | Mode of Transport(No. of miles if by car) | Amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Travel Total:** |  |

**Details of Receipted Expenditure**

|  |  |  |
| --- | --- | --- |
| Date | Details of Expenditure | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  | **Travel Total:** |  |

**Declaration**

I declare that the above expenses were wholly, exclusively and necessarily incurred. You are advised to retain receipts to substantiate your expense claim for a period of 60 days or alternatively supply them to us for safe keeping.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  | Date: |  |