PUBLIC TRANSPORT, FOOD, ACCOMODATION AND OTHER INCIDENTAL EXPENSES

Name	Jo Coles	**Month**	August	**Area / Department**	PFC
Pin No		**Year**	2026	**Section**	
Collar No				**Cost Centre**	

Date	Reason/s for expense eg: Meeting	Duty start time eg: 13.00	Duty finish time eg: 14.00	Total duty time (Hrs)	Description of expense incurred (Receipts must be attached)	Amount of expenditure
18/08/2026	Eye Test Appointment	14:00	15:00		Specsavers eye Test	£30.00
06/08/2026	Meeting	08:00	17:00		Tube Ticket	£3.00
					Total Claim	**£ 33.00**