

**Direct Payments**

**The People First Conference Centre**

**Milbourne Street**

**Carlisle**

**CA2 5XB**

**Tel: 01228 317070**

Direct Payment Expenses Claim Form

Employer:

Member of Staff:

Period ending 2023 (Pd )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week ending** | **Date of activity** | **Mileage****Amount (£)** | **Other Expenses***(e.g activities, food/drink)***Amount** | **Weekly Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Please complete the above required information.*

Total Claimed: £

Claimant’s Signature: ………………………………

Date: ………………………………

Authorised By ............................................(Employer’s signature)

Date: ……....................................