



**KENT LOCAL INVOLVEMENT NETWORK (LINK)
GOVERNOR EXPENSE CLAIM FORM**

Name Mr /Mrs /Ms / Other

Address

Contact Telephone Number

Period from	Period To
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Preferred Method of Payment
Please tick as appropriate

BACS	Cheque
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Date	Activity	Total Duration (including travel)		Journey			Bus*/ Train*/ Taxi* or Car @ 40p/m Passengers* @ 2p/m	Incidental Expenses		Governors Allowance £10 max p/m (optional)	Total Claimed
		Start time	End time	From	To	Car Mileage		Detail* (eg subsistence)	Value		
TOTALS											

Declaration
I confirm that I have incurred the above expenses, and that the expenses and claim for payment meet the rules set out in the Expenses Guidance for the Local Involvement Network (LINK). I hold a valid driving licence, that the car is taxed, has a current MOT certificate and is insured for LINK activity.

Issuing Officer
I confirm that the necessary receipts to evidence this claim are attached and that full payment should be made.

Name in Capitals:	Signature:
Date:	

Name in Capitals:	Signature:
Date:	

* Please ensure that you attach tickets / receipts / invoices as appropriate or explanation if you are unable to provide these.