

ASSOCIATION OF PORT HEALTH AUTHORITY

MEMBERS EXPENSES FORM



Name:

Date:

Address:

Bank Account Number:

Sort Code:

DATE of Visit/Purchase	ALLOWANCE CLAIMED (meeting name etc)	Expense Type	NETT £	VAT £	GROSS £
TOTAL MONIES DUE			£	£	£

Claimants Signature:

Executive Board Chair's Signature:

APHA payment reference: _____

Date Paid by Finance on: _____

"Expense Type" Codes

B-Business, an expense of APHA (not relating to training) where APHA receives the benefit of the goods or services e.g. room hire
 P-Personnel, your expense which you receive the benefit of the goods or services but APHA has agreed to reimburse the cost e.g. rail travel
 T-Training, an expense of APHA which relates specifically to training and other events

