**Name:** ……………………………………………………………………………….……….…

**Dates covered by claim:** ………………………………………………………………………………

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| **DATE** | **DETAILS** | **£ AMOUNT** |
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**Please attach an original receipt for all items purchased.**

*I confirm that the expenses listed above were wholly incurred whilst carrying out duties and responsibilities for or on behalf of RedShift.*

Signed: ……………………………………………………………………………….

Approved by Manager: ……………………………………………………………………………….

Date: ……………………………………………………………………………….

Received by Finance: ……………………………………………………………………………….

Date: ……………………………………………………………………………….