PUBLIC TRANSPORT, FOOD, ACCOMODATION AND OTHER INCIDENTAL EXPENSES

Name	Zoe Metcalfe	**Month**	September	**Area / Department**	
Pin No		**Year**	2023	**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
07/09/2023	Visit to York	8.30	5.00	8.50	Parking	£4.00
					Total Claim	**£ 4.00**