

ASSOCIATION OF BRITISH PAEDIATRIC NURSES

Financial Claims Policy 25.03.2020

1. This policy sets out how the Association of British Paediatric Nurses (ABPN) manages financial claims from Officers, Members or Contractors for activities performed on behalf of the abpn.
2. ABPN Trustees and Governance and Development Group members are committed to ensuring that all finances are only used for the management of the ABPN.
3. The ABPN may change this policy from time to time to comply with legislation changes. This policy is effective from 1st April 2020.
4. **Claim forms**
 - 4.1 The Governance and Development Group approve basis for all claims for expenses incurred on behalf of the abpn.
 - 4.2 The Governance and Development Group supports assistance for travel within the U.K. for approved activities.
 - 4.3 The approved abpn claim form must be used by all persons requesting remuneration for activities performed on behalf of the abpn.
 - 4.4 Members or authorised persons must comply with approved / agreed activities and complete approved claim form for remuneration of expenses.
 - 4.5 Chair of authorised Group must approve completed claim form and agree despatch to Finance Officer for processing.
 - 4.6 Finance Officer issues cheque to approved person
 - 4.7 Finance Officer retains claim forms for auditing and record keeping.

Policy Approved

Review Date

Illustrative Flow Chart

1. Member agrees to undertake activities on behalf of abpn.
2. Person attends meetings, compiles reports, completes tasks as agreed by abpn Chair or delegated Officer.
3. Person arranges most economical travel or most cost-effective working arrangements
4. Person completes claim form
5. Chair of Group approves incurred expenses and forwards completed claim to Finance Officer
6. Finance Officer processes claims as soon as is practicable and retains claim form.



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Committed to promoting the development of children's nursing through evidence based information about practice and education

EXPENSES CLAIM FORM

Name (please print):

Address (please print):

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Date	Details of claim (please attach receipts)	Code	Cost		V.A.T.		Total	
			£.	p.	£.	p.	£.	p.
	Admin.	Admin						
	Stationery	Stationery						
	Printing	Printing						
	Postage	Postage						
	Refreshments	Food						
	Car miles (35 pence per mile)	Travel						
	Rail fare	Travel						
	Taxi fare	Travel						
	Car parking	Travel						
	Bus fare	Travel						
	Air fare **	Travel						
	Accommodation	Accomm.						
	Other please specify							
Please total all columns		Totals						

As a registered charity, members should use the most economical forms of transport possible and supply receipts whenever possible to support claim. Telephone calls, emails etc, should be supported by copies of bills. **** Use of air travel should be authorised by Chair of the Association prior to journey.**

Declaration to be signed by all claimants:

1. I declare that the expenses detailed above were necessarily disbursed and arose in performance of official duties.
2. Where mileage claimed, I confirm that I hold a valid driving licence and my motor insurance policy covers the use of the vehicle. Engine size = cc.

Signature of claimant: Date:

Authorised by: Date:

Reimbursement total: £..... Cheque number: Dated:

(ABPN Claim form Sept. 2018)