

Financial Claims Policy

Date of revision: August 2025

Date for review: July 2027

1. This policy sets out how the Association of British Paediatric Nurses (abpn) manages financial claims from Trustees, Officers, Members or Contractors for all activities performed on behalf of the abpn.
2. abpn Trustees and Officers of the Governance and Development Group are committed to ensuring that all finances are only used for the management of the abpn.
3. This policy may be changed following approval of Trustees and Officers to comply with legislation changes. This policy is effective from 1st August 2025.
4. **Claim forms**
 - 4.1 The Trustees and Officers approve basis for all claims for expenses incurred on behalf of the abpn.
 - 4.2 The abpn will support assistance for travel within the U.K. for approved abpn activities.
 - 4.3 The approved abpn claim form (Appendix 1) 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 within 7 days of event.
 - 4.5 Chair of authorised Group must approve completed claim form and agree despatch to Finance Officer for processing.
 - 4.6 Finance Officer will process claim and forward approved expenses to approved person
 - 4.7 Finance Officer will retain every claim form submitted and processed for auditing and record keeping.

Illustrative Flow Chart

1. Member / approved contractor 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 claim as soon as is practicable (normally within 5 working days of receipt) and retains claim form.



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

EXPENSES CLAIM FORM

(updated December 2025)

Name (please print):

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Address (please print):

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Date	Details of claim (please attach receipts) Number of car miles claimed at 45 pence per mile stating from where and to.	Code	Net Cost		V.A.T.		Total	
			£.	p.	£.	p.	£.	p.
		Admin						
		Stationery						
		Printing						
		Postage						
		Food						
		Travel						
		Accom.						
	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.

When possible, always identify VAT paid, as this can be claimed back from HMRC by Finance Officer.

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.

Claims will normally be paid by Bank transfer

Signature of claimant: Date:

Authorised by: Date:

Reimbursement total: £..... Transaction number: Dated: