



University Hospitals Birmingham Charity

Registered Charity Number 1165716

Authorisation of Expenditure (including Reimbursement of Expenses)

Title of Account/Fund : _____

Fund No : _____

Name of Fund Advisor _____

Please state full details of expenditure below, with invoices, receipts and/or supporting documentation (see notes for more details)

Mileage is paid at 45p per mile

| Details of invoice or expenses claimed | Expense Point (Finance Dept Only) | £ |
|--|-----------------------------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | £ - |

Please make payment by BACS to : _____
BLOCK CAPITALS PLEASE

SORT CODE: _____ ACC NO: _____

Full postal address for Remittance Advice (home address for personal claims, business address for invoices) _____

I certify that the above expenditure is for the purpose of the fund, is of a charitable nature and that a claim for payment has not been made to any other source.

Signature of applicant: _____

Name of applicant : _____

Signed by Fund Advisor _____

NB. For self-reimbursement, the signature of a second fund advisor is also required

Contact telephone number or email : _____ Date: _____

**When complete this form should be returned to charities@uhb.nhs.uk
UHB Charity, Fisher House, Queen Elizabeth Hospital, Birmingham B15 2GN**

[Finance Use Only:] Approved by: _____

UNIVERSITY HOSPITALS BIRMINGHAM CHARITY
Comprising Heartlands Hospital Charity, Good Hope Hospital Charity,
Solihull Hospital Charity and Queen Elizabeth Hospital Birmingham Charity

Notes for completion of Expenditure Form

This form should be completed and sent to the hospital charity whenever you want the hospital charity to purchase something, or to refund an expense incurred, that is of a charitable nature.

Additional signatures may be required ensure that the NHS Trust is aware of equipment being purchased or staffing posts being created, will take responsibility for the on-going running costs, and the purpose is suitable. The hospital charity will contact you once they have received this form if that is the case.

Expenditure should at all times meet the guidelines for use of charitable funds.

Payments to other organisations **must** be invoiced to the hospital charity and not to a private individual or NHS Trust. This is an audit requirement.

Official **original** receipts or invoices are required for Audit purposes

Supporting documentation required to indicate the pupose of any travel,accomodation,or course fees being reclaimed such as certificate of attendance, copy of registration receipt or letter of invitation.

Fund Advisors signature always required

Second fund advisors signature required for self reimbursement.

Claim form should be returned to UHB Charity, Fisher House, Mindelsohn Way
Queen Elizabeth Hospital, Birmingham B15 2GN

Payment is made directly into the bank account quoted by BACS transfer.

UHB Charity, Fisher House, Queen Elizabeth Hospital, Birmingham B15 2GN

**For enquiries on charitable expenditure in general, please contact the Charity
Chief Exezcutive, Mike Hammond on 0121 371 4852 or charities@uhb.nhs.uk**