



PRIVATE ACCOMMODATION CLAIM FORM

The purpose of this form is for claiming costs incurred when required to work away from home and staying in the house of a friend or relative.

This form must be signed by the provider of the accommodation and attached to the expenses claim form.

YOUR DETAILS

NAME		EMPLOYEE NUMBER	
DEPARTMENT			

ACCOMMODATION DETAILS

NATURE OF BUSINESS			
ADDRESS WHERE STAYING			
DATE FROM		DATE TO	
NUMBER OF NIGHTS @ £25 (MAXIMUM) PER NIGHT		TOTAL COST	

TO BE CERTIFIED BY HOST

I hereby certify that I have received the sum of £ in respect of payment for overnight accommodation for the person named above.

SIGNATURE

DATE

PRINT NAME