

## Appendix D: Accommodation Provided by Friends and Family

### 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 ACCOMODATION AND ATTACHED TO THE EXPENSES CLAIM FORM.

Your Details

<b>NAME</b>		<b>DEPARTMENT</b>	
-------------	--	-------------------	--

#### ACCOMMODATION DETAILS

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

#### 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*