Payment Request Form

**Expenses**

# What to use this form for

* ***Requesting expenses to be paid from an Epsom and St Helier Hospitals Charity Fund.***

NB Any payment request will need to be authorised by the relevant signatories. For payments under £1,000 it will require two Fund Advisor signatures and for payments over £1,000 it will require one fund advisor plus the Divisional Director.

# What you will need to complete and submit

***Complete for every request***

* *Payment Request Form completed and signed*
* *Receipts relating to every purchase claimed*

# How to fill out this form

***Complete for every request***

* ***Section A:*** *Fund Details*
* ***Section B:*** *Payment Details*
* ***Section C:*** *Payee Details*
* ***Section D:*** *Authorisations*

# How to submit this form

Email a copy alongside your receipts to [esth.charity@nhs.net](mailto:esth.charity@nhs.net)

For any questions, please contact us directly on 01372 735 262.

|  |
| --- |
| **SECTION A: Fund Details** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Fund Name: |  |
|  |  |
| Fund Code: |  |
|  |  |

|  |
| --- |
| **SECTION B: Payment Details** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Amount Requested: |  |
|  |  |
| Purpose of Payment (full details): |  |
|  |  |

|  |
| --- |
| **SECTION C: Payee Details** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full name: |  |
|  |  |
| Job title: |  |
|  |  |
| Directorate: |  |
| Email: |  |
|  |
|  |
| Bank Sort Code: |  |
|  |  |
| Bank Account No: |  |
|  |  |
| Signature: |  |
|  |  |
| Date: |  |  |
|  |  |  |
|  |  |  |

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| --- |
| **SECTION D: Authorisation** |

Epsom and St Helier Hospitals Charity has a legal obligation to ensure all direct charitable expenditure is for ‘appropriate charitable’ use and in furtherance of the objects of the Charity. In addition to the approvals below, this expenditure request will require approval from the Charity team and in some circumstances could be denied.

Any payment request will need to be authorised by the relevant signatories. For payments under £1,000 it will require two Fund Advisor signatures and for payments over £1,000 it will require one fund advisor plus the Divisional Director.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Fund Advisor Name: |  |
|  |  |
| Fund Advisor Signature: |  |
|  |  |
| Date: |  |
|  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Fund Advisor Name: |  |
|  |  |
| Fund Advisor Signature: |  |
|  |  |
| Date: |  |
|  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Divisional Director Name: |  |
|  |  |
| Divisional Director Signature: |  |
|  |  |
| Date: |  |
|  |  |
|  |  |  |

Thank you for completing this form. Please return it to [esth.charity@nhs.net](mailto:esth.charity@nhs.net)