

## **EASY Expenses Approver Authorisation Form**

This form is to be completed by the Approving Manager for the specific area of work, which needs to be stated below.

Once this form has been **fully** completed and signed, **by the Approving Manager**, please return to [E-expenses@sthk.nhs.uk](mailto:E-expenses@sthk.nhs.uk)

**PLEASE NOTE:** Failure to fully complete and sign this form will result in the form being returned to you, which will cause a delay in your details being processed.

<b>APPROVER NAME:</b>	
<b>APPROVER EMAIL ADDRESS:</b>	
<b>TRAINEE NAME APPROVING CLAIMS FOR:</b>	
<b>LOCATION &amp; SPECIALTY</b>	
<b>FULL WORK POSTAL ADDRESS</b>	

### **ROLES AND RESPONSIBILITIES:**

- It is the approvers' responsibility to approve mileage and expense claims for staff in their areas
- It is the approvers' responsibility to ensure authorisations, as above, are completed in a timely manner in line with required deadlines.

### **Disclaimer**

*By becoming an e-Expenses approver I declare that I will approve **official business expense** claim information which is correct and complete.*

*I understand that if I knowingly approve false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.*

*I consent to the disclosure of any approvals I make against expense claim information for the purpose of claim verification and the investigation, prevention, detection and prosecution of fraud.*

<b>PRINT NAME:</b>	
<b>SIGNATURE:</b>	
<b>DATE:</b>	