



EXPENSES CLAIM FORM

PLEASE COMPLETE THE FOLLOWING IN BLOCK LETTERS

To be completed by claimant

NAME _____
(Professor, Dr, Mr, Mrs, Miss, etc.)

ADDRESS _____

_____ POSTCODE _____

EMAIL ADDRESS (for payment advice) _____

I wish to claim the following expenses incurred by me in connection with:

Date _____

£ : p

Rail/Air/Coach/Taxi

.....

Use of car _____ miles @ 45p per mile.....

Subsistence (meals/hotel)

.....

Other (please specify)

.....

(NB. Receipts should be attached whenever possible)

Total

£

Bank details so that payment can be made by bank transfer (BACS)

Bank name: _____ Account name: _____

Sort code: _____ Account number: _____

IBAN number (non-UK bank accounts only): _____

SWIFT (BIC) (non-UK bank accounts only): _____

SIGNED _____

DATE _____