



Travel Expense Claim Form

Please complete this expense claim form, **attaching all supporting vouchers, receipts and documentation.**

Send completed form to the Treasurer: Dr Suha Deen, Consultant Histopathologist, Department of Histopathology, Level A, West block, Queen's Medical Centre, Derby Road, Nottingham, NG7 2UH

Please complete in block capitals in black or blue ink and **include the date and title of the meeting attended.**
Payment will be made by either cheques or direct credit into your bank account.

Please complete the bank details section below

Name of Claimant		Signature	
Address:			
Date of Travel		Details of meeting attended	
SEE EXPENSES POLICY FOR GUIDANCE ON AMOUNTS THAT CAN BE CLAIMED at http://www.BSSVD.org.uk		£	P
Rail Fares:			
Air Fares:			
Car Mileage 45p per mile. Total car mileage claim plus tolls, congestion charge, parking etc must not exceed standard class rail fare.			
Bicycle Mileage 20p per mile. Please specify journey details and miles travelled			
Please ensure all original receipts are supplied and securely attached		£	P
For Treasurer use			
Approved			
Date			