

## Travel Expense Claim Form

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

**Send completed form to the Treasurer:** Ursula Winters, Consultant Gynaecologist, Treasurer BSSVD,  
St Mary's Hospital, Manchester, M13 9WL

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

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