



Travel Expense Claim Form

Please complete this expense claim form attaching all original 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 cheque or direct credit into your bank account.

See expenses policy for guidance on amounts that can be claimed at <http://www.bssvd.org>

Car Mileage 45p per mile (under 10,000 per tax year). 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

Name of Claimant:			Signature:	
Address:				
Details of meeting attended:			Date of Travel:	
Bank sort code:			Bank a/c number:	
Date	Supplier	Item	Amount	Comment
For Treasurer use		Approved Date:		Signature: