

BMVA Expenses claim form

Name:	
Address (to which cheque can be sent):	
Email:	
Destination:	
Dates (from/to):	
Purpose:	
Payment Bank Account: (UK bank)	
Payment Bank Sort Code: (UK bank)	

*Payment currency if not GBP: Rate used for any conversions:

Date	Details (must be accompanied by receipts)	Cost
Total:		

Signature of claimant: _____
 Date of claim: _____

BMVA committee member:
 Signature of committee
member:
 Date: _____

Payment will be via *direct funds transfer* unless otherwise requested. Please provide address as a backup payment option. Please request and use international form for international transfers.

All claims – send (this form + receipts) via EMAIL as PDF to:

Prof. Toby Breckon, BMVA Treasurer, treasurer@bmva.org

Please attach all receipts as PDF to same email communication.