SPEAKER EXPENSE CLAIM FORM

**9th EFSPI workshop on Regulatory Statistics – 11th to 13th September 2024**

SECTION A

|  |  |  |  |
| --- | --- | --- | --- |
| Complete Section A Always attach receipts /other evidence where possible. Please ensure Payee Name and Address are completed clearly. Please complete claimant Name and Address if different from the payee. On completion of the claim, please send the form (with the receipts) to the EFSPI Secretariat, St James House, Vicar Lane, Sheffield S1 2EX, UK. Please complete clearly.  PLEASE NOTE: EFSPI is non-profit making and as a principle does not pay an honorarium. As a guide, travel expenses would normally be second class rail fare or economy class airline ticket. *You are advised to discuss all expenses with the EFSPI Organising Committee Contact before incurring them.* | | | |
| **Date of expense:** | **You can claim in either Sterling or Euros Detailed description of expense:** | **Total €** | **Total £/CHF** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL REIMBURSEMENT DUE | | **€** | **£/CHF** |

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| --- |
| **Name Signed: Date:** |
| **Company: Address:** |
|  |
| **Country: Tel: e-mail:** |
| **If you wish payment to be made by bank transfer, please provide your bank details:** |
| **Sort Code:**   **Bank Account:** |
| **SWIFT/BIC: IBAN:** |
| **SECTION B – TO BE COMPLETED AND AUTHORISED BY EFSPI TREASURER**  After completion, please forward the claim form **with receipts attached** to the EFSPI Secretariat Office (address above)  Name (BLOCK CAPITALS:…………………………….. Signature:…………………………………………………  Approved for payment YES NO Date:…………………………………………………….. |

**EFSPI, St James House, Vicar Lane Sheffield, S1 2EX, UK**