**The British Geriatrics Society**

**Expense Claim Form**

The Society will reimburse standard class rail travel or airfare if cheaper and contactless journeys on the London Underground. Expense claims must be accompanied by relevant receipts and received within one month of the event. Reimbursement will be by bank transfer.

Any queries call Janet Sarll on 0207 608 8571 or email [finance@bgs.org.uk](mailto:finance@bgs.org.uk)

Please complete the details below and attach receipts and return within 1 month of expenditure.

|  |  |  |
| --- | --- | --- |
| **Committee** |  | |
| **Name** |  | |
| **Email** |  | |
| **Car Travel** (mileage will be paid at 45p per mile) | | **Miles** |
| Please indicate the total number of miles travelled | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Travel Cost** | **Accommodation** | **Subsistence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Sub Total** | **£** | **£** | **£** |
|  | | | |
| **Grand Total** | **£** | | |

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

**Bank Details**

If this is your first claimplease complete the table below to be reimbursed directly into your account.

(If you have already supplied these details on a previous claim there is no need to complete this section unless your bank details have changed).

|  |  |
| --- | --- |
| Beneficiary (account name): |  |
| Bank Name & Address: |  |
| Account number: |  |
| Sort Code |  |