

APAGBI EXPENSES CLAIM FORM

Please attach receipts.

NAME:

DATE:

ADDRESS:

E-MAIL:

REASON FOR CLAIM:

TRAVEL

AIR	
RAIL	
CAR MILEAGE(miles @ 40p per mile)	
PARKING	
TUBE	
TAXI	
TOTAL	

ACCOMMODATION

HOTEL (nights @ £...per night)	
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SUBSISTENCE (max £35/night)

MEALS	
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(tea, breakfast, lunch)

OTHER EXPENSES (please specify)

	£
	£
	£
TOTAL	£

GRAND TOTAL	£
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***Please return completed form with receipts within 3 months:
- For ASM to local conference organisers***

For Overseas Speakers Only:

Nominated Bank Account Details:-

Name of Account Holder

.....

Name of Bank

.....

Address of Bank

.....

.....

Bank Sort Code

.....

Account Code

.....

IBAN Number and BIC for Electronic Transfer of Funds

IBAN:

BIC:

SIGNATURE.....

DATE.....