

# BABCP Members Expense Claim Form

Meeting:

Dates:

Name:

Address:

Postcode:

**Members will be paid by BACS transfer to their accounts details of which are held by BABCP for direct debit purposes.**

If you prefer to be paid by cheque or to a different account than we have listed, (or if no bank details currently held ) please complete below:

I wish to be paid by Cheque (tick):

**OR**  
Please use the alternative bank details below for BACS:

A/c No. ....

Sort code .....-.....-.....

| Expense Claimed:       |             |           |                                 | Amount: |
|------------------------|-------------|-----------|---------------------------------|---------|
| Air Fare:              | From: _____ | To: _____ | Single/Return                   | £ _____ |
|                        | From: _____ | To: _____ | Single/Return                   | £ _____ |
| Rail Travel:           | From: _____ | To: _____ | Single/Return                   | £ _____ |
|                        | From: _____ | To: _____ | Single/Return                   | £ _____ |
| Taxi/Bus:              | From: _____ | To: _____ | Single/Return                   | £ _____ |
|                        | From: _____ | To: _____ | Single/Return                   | £ _____ |
|                        | From: _____ | To: _____ | Single/Return                   | £ _____ |
| Car Mileage:           | From: _____ | To: _____ | Single/Return .....miles @ 30p= | £ _____ |
|                        | From: _____ | To: _____ | Single/Return .....miles @ 30p= | £ _____ |
| Other Travel:          | From: _____ | To: _____ | Single/Return                   | £ _____ |
|                        | From: _____ | To: _____ | Single/Return                   | £ _____ |
| Other [please specify] | _____       |           |                                 | £ _____ |
| (food/accom. etc.)     | _____       |           |                                 | £ _____ |
|                        | _____       |           |                                 | £ _____ |
|                        | _____       |           |                                 | £ _____ |

**Total Claim:** \_\_\_\_\_

**Note : Please include ALL receipts for your expense claim**  
and send with the completed form to Central Office for the attention of: Tim Snell