

**Working group expenses claim form**

**To be completed by WG convenor**

Name of working group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of convenor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of convenor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note to convenor: after collating all claims for your event, please email them to the BISA Office (in a zip folder as necessary), and in the body of the email list the claims being made, detailing maximum bursary limits where applicable. Please also include the details of invoices due for your event, attaching with the expenses claim forms where possible. Please send to: [office@bisa.ac.uk](mailto:office@bisa.ac.uk)

To be completed and signed by the claimant, and then emailed to the convenor named above.

Please note:

* Reimbursements will only be made to BISA members
* Please attach VAT receipts where applicable
* All claims must be submitted within three months of the event taking place
* For a reminder of eligible and non-eligible costs and further reimbursement details please refer to section L and M of BISA’s [working group guidance](http://www.bisa.ac.uk/about/policies-and-procedures/)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Meeting details | | | | | | | |
| Meeting title: | | |  | | | | |
| Dates: | | | From: | | To: | | |
| Applicant details (Please complete all fields) | | | | | | | |
| Title | | Mr □ Mrs □ Miss □ Ms □ Mx □ Dr □ Prof □ | | | | | |
| First name | |  | | | | | |
| Surname (family name) | |  | | | | | |
| Home address (incl postcode): | |  | | | | | |
| Email address | |  | | | | | |
| Telephone number | |  | | | | | |
| Claim details: | | | | | | | |
| Date | Details | | | | | Amount | Currency |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
| Total expenses |  | | | | |  |  |
| Amount awarded (office use only) |  | | | | |  |  |
| Payment details (Payment will be made by bank transfer) | | | | | | | |
| Name of account holder: | | | | | | | |
| Bank name: | | | | | | | |
| Bank address: | | | | | | | |
|  | | | | | | | |
| Sort code: | | | | Account number: | | | |
| Overseas payments: BIC No: | | | | IBAN no: | | | |
| ABA/Routing no: | | | | Currency of account: | | | |
| Signature | | | | Date | | | |
|  | | | |  | | | |

By signing this form, I confirm that I have not claimed any of these expenses before and will not claim them from any other source.

Signature

Date