

# BMVA Expenses claim form

Name:	
Address (to which cheque can be sent):	
Email:	
Destination:	
Dates (from/to):	
Purpose:	
Payment Bank Account: (UK bank)	
Payment Bank Sort Code: (UK bank)	

*Payment currency if not GBP:		Rate used for any conversions:
Date	Details (must be accompanied by receipts)	Cost
<b>Total:</b>		

Signature of claimant:	
Date of claim:	

BMVA committee member:	
Signature of committee member:	
Date:	

**Payment** will be via *direct funds transfer* unless otherwise requested. Please provide address as a backup payment option. Please request and use international form for international transfers.

**All claims – send (this form + receipts) via EMAIL as PDF to:**

**Prof. Toby Breckon**, BMVA Treasurer, [treasurer@bmva.org](mailto:treasurer@bmva.org)

*Please attach all receipts as PDF to same email communication.*