

**BIA EXPENSES CLAIM FORM**

* Claims should be made within 2 months of the date of the event.
* Claims must be reasonable, as economical as possible, and supported by receipts.
* The following have been agreed as suitable for BIA expense claims:
1. **BIA meeting attendance**: travel to and from face to face meetings, and one night’s accommodation (max £175).  Travel should be as economical as possible and preferably booked in advance to obtain the best rates.  Advance first class tickets for journeys longer than 2 hours may be reimbursed if they are cheaper than a standard economy ticket bought at the same time/day of travel. Meetings include: Council Meetings, Clinical Services Meetings, and other meetings where BIA representation is required.
2. **Chairs and speakers for BIA conferences**: complementary conference registration.
3. **Other**: at the discretion of Council with prior agreement.

Name:……………………………………………………………………………………………..

Address:…………………………………………………………………………………………..

Bank Account sort code ………………. Bank Account Number ……………....................

|  |  |  |
| --- | --- | --- |
| **Claim details *(please indicate)*** | **Event Date** | **x** |
| Society meeting representation |  |  |
| BIA council meeting attendance |  |  |
| Clinical services meeting attendance |  |  |
| Other (*please specify)* |  |  |

|  |
| --- |
| Expenses details: |
| Travel | Air | £ |
| Rail | £ |
| Taxi | £ |
| Car | £ |
| Car Parking | £ |
| Mileage @ 56p per mile | £ |
| Other | £ |
| Sub total | £ |
| Accommodation | Hotel (max £175 per night) | £ |
|  | Total claim amount | £ |

Signature: ………………………………….. ………………… Date: ……………………….

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