Registered Charity Number: 1120097

EXPENSES CLAIM FORM

Please complete, sign and forward with original receipts. Failure to complete all fields will result in delay processing claim

GENERAL DETAILS

Forename:		Title:	
Surname:			
Address for correspondence:			
Number of receipts:			
Receipts enclosed:			

(Please attach original receipts: failure to do so will result in delay processing claim)

CLAIM DETAILS

If there is insufficient space on the form please attach and number additional forms

Expense Claim Breakdown:	**Amount claimed**					
	£			.	p	
				.		
				.		
				.		
				.		
TOTAL (Please enter)				.		

REASON FOR EXPENSE CLAIM: Please specify clearly

What:	
Where:	
When:	

Bank details for receipt of payment

Name of Bank:	
Account name:	
Sort code:	
Account number:	

DECLARATION

I confirm that the above expenses have been incurred solely in the pursuit of UKCEN business and have not been reimbursed by another organisation.

SIGNED: --

Name: --

Date: --

Once completed please forward to: Hon Treasurer, UK Clinical Ethics Network, Unit 3749, PO Box 6945, London, W1A 6US. Email: info@UKCEN.net