**British Geriatrics Society
Speaker Expense Claim Form**

The Society will reimburse standard class rail travel or airfare if cheaper and contactless journeys on the London Underground.

Expense claims must be accompanied by relevant receipts and received within one month of the event. Reimbursement will be by bank transfer.

**Please note:** we do not reimburse part payment for existing season tickets.

 If you have any queries, please email registrations@bgs.org.uk

Please complete the details below, attach receipts and return by email to registrations@bgs.org.uk or post to: ***Helen Blackman, Marjory Warren House, 31 St Johns Square, London, EC1M 4DN***

**Please state name of the meeting you presented at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Car Travel** (mileage will be paid at 45p per mile) | **Miles** |
|  Please indicate the total number of miles travelled  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Travel Cost** | **Accommodation** | **Subsistence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Sub Total** | **£** | **£** | **£** |
|  |
| **Grand Total** | **£** |

 **Bank Details**Please complete the table below to be reimbursed directly into your account.

|  |  |
| --- | --- |
| Beneficiary (account name): |  |
| Bank Name & Address: |  |
| Account number: |  |
| Sort Code |  |

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |