# Society for the Study of Addiction - expenses claim form

## Claims to be made as soon as possible and within one month of the meeting please

* **receipts should be scanned and emailed with this form to rob@addiction-ssa.org**

|  |
| --- |
| **Name: Date:**  |
| **Payment details – UK banks only** |
|

|  |  |
| --- | --- |
| Account name  |  |
| Bank account number |  |
| Bank sort code |  |

**OR, if overseas (NB all boxes must be completed):**

|  |  |
| --- | --- |
| Your account name |  |
| Name of Bank |  |
| Address of Bank |  |
| Currency required |  |
| IBAN (International Bank Account Number) |  |
| BIC/SWIFT code |  |

 |
| **Day time telephone number/email address:** |
| **Name, date and venue of meeting if applicable:** |
| **In attendance as:** ie Invited speaker/Executive/Sub-committee/Other (please specify) |

|  |
| --- |
| Travel details *(NB economy travel should be used unless prior approval given)* |
|  | **Amount** |
| 1 **Rail fare** From: single/return To: |  |
| 2 **Air fare** From: To: |  |
| 3 **Bus/underground/taxi fare** From: (please delete as appropriate) To: |  |
| 4 **Mileage** From: (please state cc of engine)  To: Number of miles:5 **Parking**  |  |
| Miscellaneous  |  |
| 1. **Subsistence**
 |  |
| 1. **Other (please itemise)**
 |  |
|  **Total:** |  |
| **Signature of claimant:** |  |
| **Authorising Signature:** |  |
| **Chief Executive Officer’s signature:** |  |