# 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**

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| --- |
| **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:** |  |