



**Claim Form for Payment of Expenses**

Please attach all original supporting vouchers, receipts and documentation

Name
Address
Postcode

Expenses	Please specify	Amount	Office use only (Code)
Mileage (40p per mile)			
Rail Fares			
Air Fares			
Taxi			
Hotel Accommodation			
Subsistence			
Postage			
Exams invigilation			
Exams marking			
<b>Total</b>		£	

If you have not received payment electronically before from BOHS please enter the details below

Bank account number ( 8 digits)	
Sort Code (6 digits)	
Name of bank/building society	
Name of account holder	
IBAN number (Europe)	
SWIFT/BIC number (Europe)	
Account Number (US)	
ABA Routing Number (Fed Wire) (US)	
Signature..... Date .....	

For Office use only

Date paid	Authorised	Amount