## **CLAIM FOR TRAVEL EXPENSES**

Initials:

Source:

Payment Date:

Exchange Rate:

## for student and early-career members of UACES who have attended a qualifying event

Please return this form by post, with your receipts attached, to: UACES, Woburn House, 20 Tavistock Square, London WC1H 9HQ, United Kingdom

If all of your receipts are electronic, please return this form and receipts by email.

Your Name:		Non-UK:	Non-UK:				
UK:		Email address for reimbursement via PayPal:					
Bank Name:							
Account No:							
Sort Code:							
I have read all th	ne terms and conditions and I certify t	that the expenses were necessarily incurred by me.					
Date:	Signe	d:					
DATE OF EVENT	NAME OF EVENT	FULL DETAILS OF TRAVEL EXPENSES (Please state where FROM and TO and MODE of TRANSPORT)	AMOUNT		CURRENCY		
				<u> </u>			
		Total expenses*		<u> </u>			
	Continue overleaf if required	*Leave blank if continuing overleaf					
		Amount of claim awarded (office use only)					
For office use only	y:						

Date:

DATE OF EVENT	NAME OF EVENT	FULL DETAILS OF TRAVEL EXPENSES (Please state where FROM and TO and MODE of TRANSPORT)	AMOUNT		CURRENCY
		Total expenses			
		Amount of claim awarded (office use only)			

For office use only:	
Payment Date:	Initials:

Exchange Rate: Source: Date: