

Expense Claim Form

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| --- | --- | --- |
| Name |  | |
| Title |  | |
| Organisation |  | |
| Address |  | |
| Bank Account Details |  | |
| Name of Account |  | |
| Name of Bank |  | |
| Sort Code |  | |
| Account Number |  | |
| Details of Expenses Claimed  Provide receipts where possible |  | |
| Item | Currency | Amount |
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| Use continuation sheet if necessary |  |  |
| Total | |  |
| Conversation rate used | |  |
| Total in £ | |  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to: [gavin.costigan@foundation.org.uk](mailto:gavin.costigan@foundation.org.uk)

or post to: Chief Executive

The Foundation for Science and Technology

10 Carlton House Terrace

London

SW1Y 5AH

Agreed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque or bank transfer made Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_