



EXPENSES CLAIM FORM

Claimant:		
Payment to be made to (if different from above):		
Address:		
Bank name & address:		
Account name:		
Account number:		
For overseas payments:		
IBAN:		BIC:
Date	Event / Item	Amount
Total		

Please refer to UK CGS expenses policy. Mileage is 45p/mile, up to 500 miles (25p/Km up to 800 Km). Receipts are required, although Oyster fares do not need receipts.

You can scan receipts and email them with this form to e.wakeling@nhs.net

or post by mail to:-

Dr Emma Wakeling
 Honorary Treasurer, UK CGS
 North East Thames Regional Genetic Service
 Great Ormond Street Hospital for Children NHS Foundation Trust
 Great Ormond Street
 London, WC1N 3JH, UK