



Expenses Claim

White Rose Philosophy Postgraduate Forum

Claimant's Name: _____

Date of Claim: _____

Claimant's Base University: _____

Representative: _____

| Nature of Claim | Claim Amount | Subtotal |
|-----------------|--------------|----------|
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| | | |
| | | |
| | | |
| Grand Total | | |

Account Sort-Code: __ - __ - __ Account Number: _____ Name on Account: _____ Name of Bank: _____

Personal and Bank Account information are managed under provision of the Data Protection Act of 1998 and can be accessed **Only** by university representatives and the Forum Treasurer.

I the claimant hereby submit my expenses, which are complete, to the best of my knowledge, and affix the appropriate receipts relevant to the claim.

Claimant Signature: _____

Signature of Receipt: _____

Office Use Only: Claim Received by Treasurer Claim Reimbursed Claim Number _____