

## EXPENSE CLAIM FORM

Please indicate the expense code using those detailed overleaf

<b>EVENT CODE + NO:</b> e.g. IFC 13734	*
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<b>VENUE:</b>	*
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<b>SUBMITTED BY:</b> Name	*
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<b>Membership Number</b>	*
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<b>ADDRESS:</b> (if this is your first claim)	<b>BANK DETAILS:</b> (if this is your first claim)
	Sort Code:
	Account No:
	Account Name:
	Bank:
<b>POSTCODE:</b> *	

I certify that the expenses detailed overleaf were incurred by me wholly and exclusively on behalf of the British Sub-Aqua Club

<b>SIGNED:</b>	*
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<b>DATE:</b>	*
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All Fields with \* **Must** be completed

<b>OFFICE use only</b>	
Purchase Inv. No.	
Checked to Order	
Invoice Authorised	
Nominal Ledger Code	
VAT Code	

**IMPORTANT** - Please note that prompt payment will only be made if all receipts are attached and that claims remain within the approved guidelines, copies of which are available from BSAC Central Office.

# BRITISH SUB-AQUA CLUB



Please complete ensuring date, working code and description of item are detailed -

**For individual amounts over £5.00 receipts must be attached. Credit card vouchers are not acceptable as a receipt, claims will not be paid if original receipts are not attached.**

Mileage is currently paid @ 45p per mile - Plus 5p per passenger

DATE	WORK CODE	DETAILS	MILES	RATE	TOTAL (incl VAT)	HQ USE VAT	HQ USE NET
				<b>TOTALS</b>			

Working Codes									
ITS	C	ITDC	CO	INT	HQ	S	O	NIP	NIE
Instructor Training Scheme	Coaching	Instructor Development	Council	International	Central Office	Snorkelling	Other (please specify)	National Instructor Prep	National Instructor Exam
DG	DTG	ITG	TG	CG	STG	OSEAS	TC	CS	
Diving Group	Diver Training Group	Instructor Training Group	Technical Group	Comms Group	Steering Group	Overseas Combined	Travel Club	Corporate Snorkelling	

<b>Expense authorised by:</b>		<b>Date:</b>	
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Please note claims must be authorised before payment can be made - authorisation of your own claim is not permitted