

**CLAIM FORM
ATTENDANCE AT MEETINGS**

MEETING DETAILS

Name of Meeting/Group:	
Date of Meeting:	
Venue:	

PAYMENT DETAILS - £75.00 per meeting

Claimant's name:			
Claimant's address:			
Method of Payment: (please indicate your payment preference and complete accordingly)	Cheque:	BACS Payment:	
	Payable to:	Bank Name:	
		Bank Address:	
		Bank A/C No:	
		Bank Sort Code:	

Office Use Only	
Cost Centre	
Acc Code	
Budget Holder's Signature	Date Signed