

INTERNATIONAL EXPENSE CLAIM FORM

Name:			
Email address:			
Bank Name and Address:			
Bank account name:			
Account number:			
IBAN number:			
SWIFTBIC number:			
EVENT	DATE	DETAILS	AMOUNT
		BALANCE DUE	

Note: Economy class airfares will be reimbursed and Premium economy class on British Airways long haul flights.

Signed: _____ Date: _____

Please attach your receipts to this form and send to:

British Paediatric Neurology Association
The Coach House, Rear of 22 Chorley New Road, Bolton, BL1 4AP, UK
Telephone: +44 (0)1204 526002 Fax: +44 (0)1204 528394
Email: elaine.livesey@bpna.org.uk
Charity registered in England and Wales (number: 1159115)

www.bpna.org.uk