

CLAIM FOR REIMBURSEMENT OF DONOR EXPENSES FORM

(Please complete in conjunction with 'reimbursement Policy: Donor Expenses Guidelines')

To be complete by donor

Name _____

Address _____

To be complete by AN:

Donor ID: _____

Patient ID/Client Code

Project Code: _____

: _____

Nominal Code 22620 - **180/370**

TRAVEL EXPENSES		
Date	Description	Amount £
Total Owed £		

****PLEASE PROVIDED ITEMISED RECEIPTS, BANK STATEMENTS, TRAVEL CARDS, TICKETS ETC****

Nominal Code 22640 - **180/370**

FOOD & DRINK		
Date	Description	Amount £
Total Owed £		

****CAN BE CLAIMED UP TO £35 PER PERSON, PER DAY, PLEASE PROVIDE ITEMISED RECEIPTS – ALCOHOLIC BEVERAGES WILL NOT BE REIMBURSED****

OTHER		
Date	Description	Amount £
Total Owed £		

****PLEASE PROVIDED ITEMISED RECEIPTS****

Total amount owed

Payment will be by bank transfer, please provide your account details below:

Account Number _____ Sort Code _____ Name _____

I enclose valid receipts for ALL items claimed and full explanations. The above expenses have been incurred exclusively and been necessary in the performance of my duties for and on behalf of Anthony Nolan.

Donor Signature _____ Date _____