



# Society for Vascular Technology of Great Britain and Ireland

## Expenses Claim Form 2019/2020

To be emailed directly to Bourne & Co to be processed on behalf of the Treasurer;

Bourne & Co  
6 Lichfield Street  
Burton-On-Trent  
Staffs, DE14 3RD

Work Tel: 01283 568912  
E-mail: [cloudteam@bourneandco.co.uk](mailto:cloudteam@bourneandco.co.uk)

Name: Michael Davis

Position: Not Applicable

Please Select

Claimants E-mail address [michael.davis@uhcw.nhs.uk](mailto:michael.davis@uhcw.nhs.uk) for correspondence:

Reason for claim: Expenses incurred in travelling to SVT Upper Limb Study Day  
e.g. - expenses incurred in travelling to Committee Meeting

Date of claim: 03 March 2023

### Please enter details of expenditure

Travel fares/parking etc (car mileage 40p per mile) Accommodation and subsistence Sundries telephone calls/postage etc

Date	Receipt Attached (Y/N)	Expense Type (Please select)	Details	Meeting attended (Please select)	Amount
02/03/23	Y	Train	Off-Peak Day Return Rugby to London Euston	Revision and study days	36.50
02/03/23	Y	Parking	Rugby train station parking	Revision and study days	9.00

Total £ 45.50

I wish to be paid in (\*please tick) ☒ Sterling ☐ Euro's

Please advise if the amounts recorded are not in Sterling

### IMPORTANT - PLEASE NOTE

All claims should be accompanied by bills/ receipts to support the claim.

I confirm that the above expenses have been incurred on SVTGBI business only.

Claimant's signature -