**EXPENSE CLAIM FORM**

Please complete the form and submit by email to: [angela@bvna.co.uk](mailto:angela@bvna.co.uk)

**PLEASE NOTE THAT ALL EXPENSE CLAIMS NEED TO BE SUBMITTED BEFORE THE FINANCIAL YEAR END, 31 DECEMBER 2025, OTHERWISE THE CLAIM WILL NOT BE ACCEPTED. UNFORTUNATELY, THERE WILL BE NO EXCEPTIONS TO THIS.**

|  |  |
| --- | --- |
| Name (in full): |  |
| Address: |  |
|  | Postcode: |

|  |  |
| --- | --- |
| Tel No: | Email Address: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE OF MEETING/**  **EXPENSE** | **DETAILS OF EXPENSE** | **MILEAGE @ 45P PER MILE OR OTHER TRAVEL EXPENSE**  (capped at £150) | HONORARIUM AMOUNT | TOTAL |
| 10-12/10/2025 | BVNA Congress 2025 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL CLAIM** | **£** |

I certify that these expenses have been wholly & necessarily incurred in connection with BVNA business.

Signature of claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To enable us to settle your claim via BACS please provide your bank details below:**

Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sort Code Account Number

Please note that any additional expenses would require prior approval by BVNA.

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