



The British Society for Paediatric and Adolescent Rheumatology

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EXPENSES CLAIM FORM

Name _____

Address _____

Details of Expenses: **All receipts must be enclosed**

Meeting:

Date:

Venue:

Reason for Attending: e.g. speaker, representing BSPAR etc.

Registration Fee _____

Travel: Car (mileage) _____

Train Fare _____

Taxi _____

Air Fare _____

Accommodation _____

TOTAL CLAIM _____

Signed:

Date:

Please return completed form to the Hon. Treasurer at address above.

(Date received:

Date Paid:

Chq#)