BDA MEMBERS EXPENSE CLAIM

Note: Guidance for completion of this form can be found on the BDA Committee website, together with details of the Association's policy on expenses:
www.bda.org/Guild-rate-and-expenses
Please return this form together with receipts to: Finance Dept. BDA, 64 Wimpole Street, London, W1G 8YS

BDA
British Dental Association

Mem Number

Name

Address

Committee **Code**

Date of Meeting **Meeting Held at HQ** Y/N

				Claimed
Travel				
Air Fare				
Rail (Standard Fare)				
Bus/Tube/Parking/Toll Charges				
Taxi (Outside London)				
Mileage (Complete Section B)		-	@ 45p	
Mileage - Number of additional passengers (Complete Section B)		-	@5p	
Total Travel	82805			-
Accommodation (Allowance £200/night)	82807			
Subsistence (Breakfast £12.50, Lunch - £16, Dinner - £25 per day)	82806			
Sessions (Refer to 4.0 Members responsibility to ensure tax is paid)	82803		@ £260	
Total to be paid				-

Section B

Please state names of passengers per trip (if any).

Date	Odometer Reading		Journey		Total Miles	No. Passengers per trip
	Start	End	To	From		
					-	
					-	
					-	
					-	
					-	0

I wish to notify the BDA of my attendance for 4 unpaid sessions .
Please note, sessions relating to GDPC meetings should be claimed from the Guild.

Date	Meeting

I confirm that these expenses were incurred by me wholly and exclusively in connection with the business of the British Dental Association

Signature _____ **Date** _____

If your bank details have changed, please notify us by emailing finance@bda.org