

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



Mem Number	<input style="width: 95%;" type="text"/>		
Name	<input style="width: 95%;" type="text"/>		
Address	<input style="width: 95%;" type="text"/>		
Committee	<input style="width: 95%;" type="text"/>	Code	<input style="width: 95%;" type="text"/>
Date of Meeting	<input style="width: 95%;" type="text"/>	Meeting Held at HQ	<input style="width: 95%;" type="text"/>
Travel			Claimed
Air Fare			<input style="width: 95%;" type="text"/>
Rail (Standard Fare)			<input style="width: 95%;" type="text"/>
Bus/Tube/Parking/Toll Charges			<input style="width: 95%;" type="text"/>
Taxi (Outside London)			<input style="width: 95%;" type="text"/>
Mileage (Complete Section B)	<input style="width: 40%;" type="text"/>	@ 45p	<input style="width: 95%;" type="text"/>
Mileage - Number of additional passengers (Complete Section B)	<input style="width: 40%;" type="text"/>	@ 5p	<input style="width: 95%;" type="text"/>
Total Travel	82805		-
Accommodation (Allowance £220/night inc. VAT)	82807		<input style="width: 95%;" type="text"/>
Subsistence (Breakfast £15, Lunch - £16, Dinner - £25 per day)	82806		<input style="width: 95%;" type="text"/>
Sessions (Refer to 4.0 Members responsibility to ensure tax is paid)	82803	<input style="width: 40%;" type="text"/> @ £260	<input style="width: 95%;" type="text"/>
Total to be paid	<input style="width: 95%;" type="text"/>		-

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