BRITISH SUB-AQUA CLUB



EXPENSE CLAIM FORM

Please indicate the expense code using those detailed overleaf

EVENT CODE + NO: e.g. IFC 13734	*				
VENUE:	*				
SUBMITTED BY: Name	*				
Membership Number	*				
ADDRESS: (if this is your first claim)	BANK DETAILS: (if this is your first claim)				
	Sort Code:				
	Account No:				
	Account Name:				
	Bank:				
POSTCODE: *					
I certify that the expenses detailed overleaf the British Sub-Aqua Club	were incurred by me wholly and exclusively on behalf of				
SIGNED:	*				
DATE:					
	*				
All Fields with * Must be completed	*				
All Fields with * Must be completed OFFICE use only	*				
	*				
OFFICE use only					
OFFICE use only Purchase Inv. No.					
OFFICE use only Purchase Inv. No. Checked to Order					

The approved guidelines, copies of which are available from BSAC Central Office.

BRITISH SUB-AQUA CLUB



Please complete ensuring date, working code and description of item are detailed -

For individual amounts over £5.00 receipts must be attached. Credit card vouchers are not acceptable as a receipt, claims will not be paid if original receipts are not attached. Mileage is currently paid @ 45p per mile - Plus 5p per passenger

	WORK						TOTAL	HQ USE	
DATE	CODE		DETAILS		MILES	RATE	(incl VAT)	VAT	HQ USE NET
						TOTALS			
Working Codes									
ITS	С	ITDC	CO	INT	HQ	S	0	NIP	NIE
Instructor Training		Instructor					Other (please	National Instructor	
Scheme	Coaching	Development	Council	International	Central Office	Snorkelling	specify)	Prep	Exam
DG	DTG	ITG	TG	CG	STG	OSEAS	TC	CS	
Divin a Carre	Diver Training	Instructor Training	Tb-: O	0	Ct	Overseas	Tarred Olive	Corporate	
Diving Group	Group	Group	Technical Group	Comms Group	Steering Group	Combined	Travel Club	Snorkelling	
									1
Expense author	rised by:					Date:			