



**BUC Session – October 2021**  
**Travel/Expense Claim Form**

Travel Expenses		£	p
Car	miles at 45p per mile		
Air / Rail / Coach Fare			
Local Bus / Taxi			
Total Claimed:			

Please complete either A or B below:

A. Reimbursement by Cheque	
Name:	
Postal Address:	
Post Code:	

B. Reimbursement by Direct Bank Payment	
Name:	
Bank:	
Sort Code:	
Account Number:	

Signed: \_\_\_\_\_

*Please complete this form and return it, along with receipts where possible, to:*

*Mrs L Calvert, BUC Office, Stanborough Park, Watford, WD25 9JZ.*

*Alternatively, send an email with scanned receipts: [lcalvert@adventist.uk](mailto:lcalvert@adventist.uk)*