

British Divers Marine Life Rescue - EXPENSES CLAIM FORM

(please seek authorisation* to claim expenses from BDMLR HQ before you submit a claim)

Group:			Vehicle Details If Fuel Claim:			
Name:			Make/Model:			
Address:			Registration:			
			Engine Size:			
Post Code:			Fuel Type:			
Tel No:			Towing:	Yes:		No:

DATE	JOURNEY LOCATION DETAILS		INCIDENT / EVENT ATTENDED (REASON FOR TRAVEL)	MILEAGE OF JOURNEY	RECEIPT NUMBER	AMOUNT OF CLAIM
	START	FINISH				

* Name of person who gave authorisation for claim :

SUB-TOTAL

DATE	DETAILS OF SUPPLIER (COMPANY NAME/ADDRESS)	COMPANY VAT NUMBER	REASON FOR EXPENSE / DETAILS OF ITEMS PURCHASED (INCLUDING ROAD TOLL FEE'S)	RECEIPT NUMBER	AMOUNT OF CLAIM

Please sign in this box to confirm that the total amount due is accurate to the best of your knowledge.

SUB-TOTAL
TOTAL AMOUNT DUE

Please attach all receipts to the back of this form and send to:
Teri Charlton, British Divers Marine Life Rescue, Lime House, Regency Close, Uckfield, East Sussex, TN22 1DS