


# British Divers Marine Life Rescue - EXPENSES CLAIM FORM

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

<b>Group:</b>			<b>Vehicle Details If Fuel Claim:</b>			
<b>Name:</b>			<b>Make/Model:</b>			
<b>Address:</b>			<b>Registration:</b>			
			<b>Engine Size:</b>			
<b>Post Code:</b>			<b>Fuel Type:</b>			
<b>Tel No:</b>			<b>Towing(✓):</b>	<b>Yes:</b>		<b>No:</b>

DATE	JOURNEY LOCATION DETAILS		INCIDENT / EVENT ATTENDED (REASON FOR TRAVEL)	MILEAGE OF JOURNEY	RECEIPT NUMBER	AMOUNT OF CLAIM
	START	FINISH				
<b>SUB-TOTAL</b>						

\* Name of person who gave authorisation for claim :

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
<b>SUB-TOTAL</b>					
<b>TOTAL AMOUNT DUE</b>					

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

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