


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 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SUB-TOTAL | | | | | | |

* 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 |
|-------------------------|--------------------------------------------|--------------------|-----------------------------------------------------------------------------|----------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SUB-TOTAL | | | | | |
| TOTAL AMOUNT DUE | | | | | |

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