

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:
 Beth Winter, British Divers Marine Life Rescue, Lime House, Regency Close, Uckfield, East Sussex, TN22 1DS