

**AN to complete:** CLAIM FOR REIMBURSEMENT OF DONOR EXPENSES FORM

Please complete in conjunction with Reimbursement Policy: Donor Expenses Guidelines

**Donor to complete:**

|  |
| --- |
| Name |
| Address |

|  |  |  |
| --- | --- | --- |
| Donor ID:  | Patient ID/Client Code:  | Project Code:  |

Nominal Code 22620 – 180/370

|  |
| --- |
| **TRAVEL EXPENSES** |
| **Date** | **Description** | **Amount £** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Owed £** |  |

**\*\*PLEASE PROVIDED ITEMISED RECEIPTS,BANK STATEMENTS, TRAVEL CARDS, TICKETS ETC\*\***

Nominal Code 22640 – 180/370

|  |
| --- |
| **FOOD & DRINK** |
| **Date** | **Description** | **Amount £** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Owed £** |  |

**\*\*CAN BE CLAIMED UP TO £35 PER PERSON, PER DAY, PLEASE PROVIDE ITEMISED RECEIPTS – ALCOHOLIC BEVERAGES WILL NOT BE REIMBURSED\*\***

|  |
| --- |
| **OTHER** |
| **Date** | **Description** | **Amount £** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Owed £** |  |

**\*\*PLEASE PROVIDED ITEMISED RECEIPTS\*\***

|  |  |
| --- | --- |
| **Total amount owed** | **£** |

Payment will be by bank transfer, please provide your account details below:

|  |  |  |
| --- | --- | --- |
| Account Number  | Sort Code  | Name  |

I enclose valid receipts for ALL items claimed and full explanations. The above expenses have been incurred exclusively and been necessary in the performance of my duties for and on behalf of Anthony Nolan.

|  |  |
| --- | --- |
| Donor Signature  | Date  |