

All details must be filled in using **BLOCK CAPITALS**

Name \_\_\_\_\_ Branch No \_\_\_\_\_ Membership No \_\_\_\_\_

Office Address \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ \_\_\_\_\_ Post Code \_\_\_\_\_

Car Registration No \_\_\_\_\_ Daytime Phone No \_\_\_\_\_ E-mail Address for remit \_\_\_\_\_

Date	Time		Means of Travel	Total return miles	Passengers		Subsistence/ Other Expenses	Venue	Nature of business
	Start	Finish			No	Name(s)			
			<b>TOTAL Mileage</b>				<b>TOTAL Expenses</b>		

For Official Use Only	
Mileage	
x Rate	
<b>TOTAL</b>	
<b>+ Expenses</b>	
<b>TOTAL CLAIM</b>	
Payment Ref	
Date Paid	

DECLARATION: I declare that the expenses claimed herewith have been incurred on the business of NIPSA and are not chargeable in whole or in part to any other body.

Claimant's signature \_\_\_\_\_ Date \_\_\_\_\_

Certified or approved by:  
Sign \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_ Office held \_\_\_\_\_

- (a) Forms must be submitted within 3 months of earliest claim date shown
- (b) Payment cannot be made for Bus, Rail, Car Parking and other expenses unless receipts are attached
- (c) INCOMPLETE OR UNCERTIFIED FORMS CAN LEAD TO DELAY IN PAYMENT OF EXPENSES

