**Wiltshire Beekeepers Association**

**CLAIM FOR EXPENSES OR PAYMENT**

When completed, please email to Gloria Pilz at [Gloria-WiltshireBKA@outlook.com](mailto:Gloria-WiltshireBKA@outlook.com).

**PLEASE SCAN/SEND RECEIPTS OR INVOICES TO SUPPORT YOUR CLAIM WITH THIS FORM. NOTE THAT I CANNOT PROCESS YOUR CLAIM WITHOUT THEM.**

Date of claim: .……………………………………………………………………..

Amount (total): .……………………………………………………………………..

Details of claim: .……………………………………………………………………..

.……………………………………………………………………..

………………………………………………………………………

………………………………………………………………………

………………………………………………………………………

Payment will be made by Bank transfer, please insert supplier’s detail if they are to be paid direct, your details if you have already paid.

Your/Their Name: .……………………………………………………………………..

Bank details: .……………………………………………………………………..

Sort code: .……………………………………………………………………..

Account number: .……………………………………………………………………..

Reference: .……………………………………………………………………..

In case of any queries:

Your mobile number: .……………………………………………………………………..

Your email address: .……………………………………………………………………..