**Wiltshire Beekeepers Association**

**CLAIM FOR EXPENSES OR PAYMENT**

When completed, please email to Gloria Pilz at 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: .……………………………………………………………………..

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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: .……………………………………………………………………..