



# BDMLR – EXPENSES FORM

(Please seek authorisation\* to claim expenses from BDMLR HO before you submit a claim)

AREA GROUP		BANK DETAILS	
NAME		BANK NAME	
EMAIL ADDRESS		ACCOUNT NAME	
TEL NO.		ACCOUNT NO.	
Name of person who gave authorisation for the claim*		SORT CODE	

DATE	JOURNEY DETAILS		INCIDENT / EVENT ATTENDED (REASON FOR TRAVEL)	JOURNEY DISTANCE	RECIPT NO.	AMOUNT OF CLAIM
	START	FINISH				

Were you towing a trailer/boat etc (please tick)? No  Yes

Sub total

DATE	DETAILS OF SUPPLIER (COMPANY NAME)	COMPANY VAT NUMBER	REASON FOR EXPENSE / DETAILS OF ITEMS PURCHASED (INCLUDING ROAD TOLL FEE'S)	RECIPT NO.	AMOUNT OF CLAIM

Sub total

TOTAL CLAIM AMOUNT

PLEASE NOTE: Expenses claim forms should be submitted a maximum of 28 days after the date of the last item claimed. Failure to do so will result in the claim NOT being paid.

Please attach all receipts to the back of this form and send to:

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