



**Expenses claim form**

**To allow us to process your expense claim, you should complete and return this form to [admin@baaudiology.org](mailto:admin@baaudiology.org).**

*CJ Association Management (CJAM) Ltd are the Association Management Company for the British Academy of Audiology.*

- *Once payment is processed CJAM will only hold onto your details for financial purposes. Your details will not be used or stored for any other purpose.*
- *We can confirm that your data will not be transferred outside the EEA.*
- *I am happy for CJAM to process my personal data for the purposes of processing this expense form.*

*(For HTS examination please complete the sections in red)*

Date(s): .....

Candidate/Student: .....

Carried out at:.....

**Please tick one of the following expenses boxes**

Date of meeting/s: - .....

Venue/s: - .....

- |   |  |
|---|--|
| <input type="checkbox"/> 7130 Board Meeting                 | <input type="checkbox"/> 7110 Training Course (attending)        |
| <input type="checkbox"/> 7200 Publicity & comms Committee   | <input type="checkbox"/> 7201 Regional Groups                    |
| <input type="checkbox"/> 7202 Early Professionals Committee | <input type="checkbox"/> 7210 Service Quality Committee          |
| <input type="checkbox"/> 7215 Prof Development Committee    | <input type="checkbox"/> 7216 Edu, Accred & Reg. (EAR) Committee |
| <input type="checkbox"/> 7221 HTS Committee                 | <input type="checkbox"/> 6961 Conference                         |
| <input type="checkbox"/> 7220 EDIA Committee                | <input type="checkbox"/> <b>6300 HTS Accreditation Visit</b>     |
| <input type="checkbox"/> <b>6301 HTS Examiners Meeting</b>  | <input type="checkbox"/> <b>6302 HTS Examination/Assessment</b>  |
| <input type="checkbox"/> Other Specify: - .....             |  |

	Item/Description	Amount
1		
2		
3		
4		
5		
6		
Total Amount Claimed		£

Name: - .....

Signed: - .....

(Please print)

Address: - .....

.....

..... Postcode: - .....

Tel:- .....

Email (needed if you want remittance advice): - .....

Date expenses submitted: - .....

---

### Trust Re-Imbursement

Amount Claimed (£65 per day): .....

Cheque made payable to (third party): .....

Name of Hospital/Trust: .....

Address: .....

---

Payments are made by BACS, please provide the following information:

<b>Bank Name:</b>	
<b>Bank Address:</b>	
<b>Account name:</b>	
<b>Account number:</b>	
<b>Sort Code:</b>	

### Notes on Expenses

- Receipts must be submitted for all claims
- Claim forms should be completed in full
- Where mileage expenses for individual journeys will exceed £50.00 consideration should be given to the use of public transport as a cheaper alternative.
- The Treasurer will deny payment for incomplete claims
- Any claims submitted over 3 months old will not be considered for payment
- BAA financial year end is the 31<sup>st</sup> March each year. Please ensure claims are submitted promptly at year end.

- The trust re-imbusement part of the form allows you to claim a fee for every day that you are out of work on HTS business. If you have taken your own time and are claiming a Consultancy Fee (£195 per day) we must receive a letter from your manager stating that you were on annual leave.

**Expenses can be claimed for the following items: -**

- Second class return rail / bus fare.
- Mileage from home to place of meeting / examination where a petrol receipt is provided as per the Expenses Policy.
- Incidental local travel / parking fees.
- Overnight accommodation - maximum of £90 per night B & B and maximum £120 per night B & B London. Budget hotels such as Premier Inn and Travelodge should be used where possible.
- An allowance of £15 (max) will be made for evening meals on production of receipts.
- A reimbursement of up to £10 will be paid for lunch expenses
- No alcoholic beverages will be reimbursed.
- Subsistence allowances are daily allowances and cannot be accumulated

BAA, Peershaws, Berewyk Hall Court, White Colne, CO6 2QB  
admin@baaudiology.org