



# International Bureau for Epilepsy

## Expenses Claim Form

Please complete using CAPITALS and keep a copy for your personal records

| Personal Details        | Claimant Capacity<br>(tick $\checkmark$ one)               |
|-------------------------|--|
| Name: _____             | Regional Committee Member <input type="checkbox"/>         |
| Organisation: _____     | Commission Member <input type="checkbox"/>                 |
| Address: _____<br>_____ | President <input type="checkbox"/>                         |
| Telephone: _____        | International Executive Committee <input type="checkbox"/> |
| Fax: _____              | Other (give details): _____                                |
| Email: _____            | _____  |

| Banking Details                             | Please note:   |
|---|--|
| Bank Name/Address: _____                    | <ul style="list-style-type: none"><li>• All claims are paid by online banking and it is essential that all Bank details are provided.</li><li>• Responsibility for the provision of banking details lies with the claimant.</li><li>• IBE will not be responsible for any delays in repayment due to inadequate account details.</li></ul> |
| National Sort Code: _____ SWIFT Code: _____ |  |
| IBAN: _____                                 |  |
| Account Name: _____                         |  |
| Account Number: _____                       |  |

### Details of Expenses

Invoices/receipts must be original. Mileage rate: €0.30c per km (€0.50c per mile).

Expenses will be paid to an organisation unless indicated otherwise.  
Tick box  $\checkmark$  if the payment is to be made to an individual.

Reason for expense/trip: \_\_\_\_\_

| <u>Expense details:</u>             | <u>Currency/Amount</u> |
|-------------------------------------|------------------------|
| Air Travel: _____                   | _____                  |
| Bus/Taxi/Train fares: _____         | _____                  |
| Hotel accommodation: _____<br>_____ | _____                  |
| Meals: _____                        | _____                  |
| Other expenses: _____               | _____                  |
| <b>TOTAL:</b>                       | _____                  |

Signed: \_\_\_\_\_ Authorised: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Completed claims should be sent to: Ann Little, Executive Director, International Bureau for Epilepsy,  
11 Priory Hall, Stillorgan, Blackrock, Co Dublin, Ireland. Email: [ibedublin@eircom.net](mailto:ibedublin@eircom.net)