



## Experimental Psychology Society Carers' Fund

### Event Attendance and Claim Form

<b>Name of Claimant</b>	
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<b>Address of Claimant</b>		
	<b>Postcode:</b>	<b>Email:</b>

**Please note that payment can ONLY be made to the claimant named on the application form.  
We cannot make EPS Carer's Fund payments to other parties or institutions.**

<b>Bank Name:</b>	
<b>Sort Code:</b>	
<b>Account Number:</b>	
<b>Name on Account:</b>	
<b>The international identifiers (if your bank is not based in the UK)</b>	
<b>BIC:</b>	
<b>IBAN:</b>	

**DETAILS OF CLAIM (Please attach all receipts). All claims are to be received within 4 weeks of the meeting.**

**Date of Meeting** \_\_\_\_\_ **Place of Meeting** \_\_\_\_\_

Where your receipts show VAT separately or indicate that the cost is inclusive of VAT @ 20%, please separate this on the form. Where no VAT is payable, leave the VAT column blank.	Amount	VAT	Total
<i>Example Cost</i>	<i>£70.35</i>		<i>£70.35</i>
<b>TOTAL CLAIMED TO EPS</b>			

<b>Reason for Attending</b>	
<b>Any further comments, e.g. benefit of attendance and effectiveness of the fund in supporting this.</b>	

<b>Signature of Claimant</b>	<b>Date</b>	
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Please return this form with all receipts in a combined PDF file by email to [expsychsoc@kent.ac.uk](mailto:expsychsoc@kent.ac.uk) or by post:

EPS Administrator  
 School of Psychology  
 Keynes College  
 University of Kent  
 Canterbury  
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