



Experimental Psychology Society Carers' Fund

Event Attendance and Claim Form

Name of Claimant		
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Address of Claimant		
Postcode:	Email:	

**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.**

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

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>
TOTAL CLAIMED TO EPS			

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

Signature of Claimant	Date
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Please return this form with all receipts in a combined PDF file by email to expsychsoc@kent.ac.uk.