



Experimental Psychology Society Carers' Fund

Event Attendance and Claim Form

Name of Claimant			
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 exppsychsoc@kent.ac.uk.