

TRAVEL EXPENSE CLAIM FORM

For Non DANTE Staff

Name, Address & Organisation	
Name	JULIE BOLL
Organisation	DANTE
Reason for Claim	RESTRUCTURING MEETING
e-mail address	JULIE.BOLL@DANTE.NET
Postal address	CITY HOUSE 2ND FLOOR HILLS ROAD CAMBRIDGE CB2 1PQ
Name of DANTE Contact	JULIE BOLL

How do you wish to be paid (Please tick)?	
GBP	<input type="checkbox"/> Cheque <input type="checkbox"/>
	Bank Transfer <input type="checkbox"/>
EURO	<input checked="" type="checkbox"/> Bank Transfer Only

Bank Details Required for Bank Transfer		
For GBP	Account Number	
	Sort Code	
	Account Name	
For EUR	IBAN	F276 2436 2212 9436 9999
	SWIFT / BIC	GN90RST001
	Account Name	MRS JULIE BOLL

GBP EXPENSES

Date	Description of GBP Expense	Amount - £
7/5/14	RAIL TICKET CAMBRIDGE TO LONDON	25.00
	TAXI TO TRAIN STATION	7.00
	Total £	32.00

EURO EXPENSES

Date	Description of EURO Expense	Amount - €
9/5/14	HOTEL COST 2 NIGHTS	220.00
8/5/14	DINNER	25.00
	Total €	245.00

MILEAGE

Date	Description of Journey	Miles Claimed
	Total Miles	

Claimant Signature	
I have attached evidence to support this claim	
Signature	Julie Boll
Date Submitted	09/05/2014

Authorising Signature (DANTE USE ONLY)	
Cost Centre	
Print Name	
Signature	

DANTE USE ONLY		
	Rate	£/€
GBP	1.21	38.72
EURO		245.00
MILEAGE		—
	Total	283.72