School of Nursing and Midwifery Queen's University Belfast

Service Users & Carers Claim Form 2018/2019

DETAILS OF CLAIMANT							
Name:							
National Insurance Number:							
Address:							
		Post Code:					
VAT Registration Number (for individuals/organisations registered for VAT):							
Title:							
Date:							
Venue:							
Date of Meeting	Other Information	Payment		Expenses *		TOTAL	
		No of Hours	Sub Total	Other expenses i.e. travel etc.	Sub Total	£	
	Total						

* Expenses to be agreed with the Chair of the Forum. Travel expenses will be paid at the public transport rate (please attach receipts where appropriate to claim form).

SIGNATURE OF CLAIMANT:	DATE:		
SIGNATURE OF CHAIR:	DATE:		
SIGNATURE OF HEAD OF SCHOOL:	DATE:		

On completion, please forward to Mrs Gillian Higgins, School of Nursing and Midwifery, Queen's University Belfast, Medical Biology Centre, 97 Lisburn Road, Belfast BT9 7BL.