

**ACPRC Conference – 25 & 26 April 2025
Travel and Accommodation Bursary Form**



Claimant Details

Name	Sam Dean
Address	
ACPRC Membership Number	

Expense Details (Max £100)

Date	Expense Description	Comments / Additional Info	Claim Amount (£)	Receipt (please ✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Payment Details

Bank Name	Sort Code	Account Number	TOTAL CLAIM Amount (£)	

- I certify that the above claim is in respect of ACPRC Business and in line with ACPRC Expenses Standards
- I understand that I am responsible for settling my Tax and N.I responsibilities for ACPRC expenses

Signature: (Please tick to represent signature)

Please send completed forms and receipts to:

treasurer@acprc.org.uk

[Type here]

Please attach copies of scanned receipts or screen shots here:

[Type here]

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