

FLATCOATED RETRIEVER SOCIETY

Affiliated to the Kennel Club, Countryside Alliance and the B.A.S.C.

EXPENSES CLAIM FORM

(FOR REIMBURSEMENT OF BVA EYE TEST SUBSIDY)

NAME:

ADDRESS:

EMAIL ADDRESS:

DATE SUBMITTED:

DATE	EXPENSE	£ CLAIMED
TOTAL		£

Bank Account Details for Electronic Transfer

Sort code:

Account Number:

CLAIMANT'S SIGNATURE:.....

APPROVED BY: (NAME/SIGNATURE).....

Please send completed claim forms to:

Liz Branscombe Dip AVN(Surgical) RVN

Email lizzie@torinmill.plus.com

5 Russell Grove

Millbrook

Bedfordshire

MK45 2JE