

FENS Federation of the European Nutrition Societies

Claim for Expenses – General Policy

FENS is very thankful for the Nutrition Community's contribution to its activities and will cover all reasonable costs associated with such activities. However, FENS can only cover real, bona fide expenses (not virtual ones) and needs to be cost sensitive in line with its charitable status.

Accommodation. Accommodation can only be reimbursed for the applicant (single room) and not cover the cost for accompanying persons. Hotels and room rates should be agreed in advance with the FENS secretariat if they have not been arranged by FENS.

Air/Rail Travel. Flight tickets should be booked as far advanced as possible from the date of the flight and should not exceed basic economy class (not economy flex). Train tickets should be second (or standard) class. Taxi should not be used if public transportation is easily available. All Boarding cards and tickets (or copies) should be provided with the claim form.

Subsistence. Reasonable subsistence costs can be claimed whilst travelling for breakfast, lunch and dinner, if there seen no other source of food provided at the meeting.

Receipts. Please return original receipts with your claim form if possible.

NAME:

Address:

DETAILS OF CLAIM:	Claims are paid directly into individual bank accounts by electronic transfer.
Activity:	
Venue:	
Date/s of Meeting:	
Train/Airfare:	
Taxi:	
Accommodation:	
Meals:	
Other Expenses (please specify):	
TOTAL:	

I confirm that these expenses have been incurred in the course of activities engaged in for FENS, in the most cost effective manner possible, and are not being met by any other party.

Signature:	Date:
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Return form to:

Email: Ian.Macdonald@nottingham.ac.uk

**or Nutrition Society Finance Officer, 10 Cambridge Court, 210 Shepherd's Bush Road, London W6
7NJ, UK**

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It is our intention to settle accounts by BACS transfer and we would be grateful if the following details could be provided to enable this. They will be kept on our system unless we are informed otherwise.

Bank name:	
Bank address:	
Account name:	
Account number:	
Sort Code:	
Swift Code:	
IBAN:	
EBAN / BIC:	
Fax number / Email address for remittance:	
Authorised by:	
Please print full name:	
Contact phone number:	

If you are unable, in this instance, to provide these details then alternative payment can be made. Contact details and address where expense reimbursement should be sent:

Name:	
Address:	
Email:	

Please provide the original receipts on a separate page and also background information of the activity

Return form to:
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