Scientific Committee on Antarctic Research - Travel Expense Claim Form

Return to: SCAR Secretariat, Scott Polar Research Institute, Lensfield Road, Cambridge, CB2 1ER, United Kingdom

(the claim with all the receipts should be returned to SCAR Secretariat within 1 month from the end of the meeting)

Name of Claimant: _____ Date: _____

Address: _____

_____

E-mail: _____ Tel: _____ Fax: _____

Purpose of Travel _____

Claim Authorised by (include project title): _____

Journey Times

Depart from "Home": Time _____ Date _____

Arrive at Destintation: Time _____ Date _____

Depart from Destination: Time _____ Date _____

Arrive at "Home": Time _____ Date _____

Transport (e.g. plane, train, bus etc.)	**Amount** (in currency used)

Hotel & Incidentals (e.g. subsistence* etc.)	**Amount** (in currency used)

Comments (include details of any prepayments here)

_____

_____

_____

_____

_____

_____

I certify that above charges incurred by me are proper and correct.

Signature of Claimant _____

For SCAR use only (in US $ or UK £)

Exchange Rates:

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Transport: _____

Incidentals: _____

Hotel: _____

Per Diem*:

___ Days @ _____ _____

Total Expenses

Less Pre-Payments _____

To be reimbursed:

Preferred Method of Payment (tick appropriate box)

Bank Transfer (SCAR preferred method - complete details below) ☐ Cheque in US$ ☐ Cheque in GB £ ☐

Bank Name and Address: _____

_____

Account Name: _____ Account Number: _____

SWIFT/BIC: _____

IBAN (or SORT for UK payment only) _____

* Note that whether subsistence is paid by submission of receipts or by per diem should be decided by meeting leaders in advance