



# WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS

## *EXPENSE CLAIM FORM*

This Claim relates to (please tick)	
Officer	
Executive Committee	
Education	
Office Expense	
Other (please specify)	

The request for these expenses was made on  _____ (date)  and approved by:  _____ <b>Treasurer / Chair, Executive/ Chair Education</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please fill the following information:

Payment to be made to:		
Address:		
Purpose of Expense:		
Payment to be made by <i>bank transfer / cheque / other (please indicate complete details):</i>		
<b>IF PAYMENT IS TO BE MADE BY BANK TRANSFER PROVIDE THE FOLLOWING:</b>		
<b>ACCOUNT DETAILS</b>		
<i>Account Holder:</i>		
<i>Account Number:</i>		
<i>Bank and address of bank:</i>		
<i>Bank fax number:</i>		
<i>SWIFT (SORT CODE)</i>		
Total amount claimed: (Currency <b>MUST</b> be US\$ or UK Pounds)		<b>US\$ / UK£:</b>
Date: _____		
Signature		

Specifications to be detailed on Page 2 (overleaf), please add original receipts wherever possible.

All claims must be sent to the WFSA Headquarters, 21 Portland Place, London W1B 1PY, United Kingdom. Tel: +44 20 7631 8880/1; Fax: +44 20 7631 8882 Email: [info@wfsa-office.org](mailto:info@wfsa-office.org)

<i>For Internal Office Use Only</i>	
Approved by: _____	Paid by: _____
Charged against account: _____	Cheque no. _____
Transfer no. _____	Date: _____

