External expense claim

Please send this completed form with receipts to
The Health Foundation
90 Long Acre, London, WC2E 9RA

Name of payee	
Address	
Email (for remittances)	
Event (if any)	
Bank details	
Bank account name	
Sort code/ABA	
Account number/SWIFT	
IBAN	

Budget holder's signature	Expense code	Amount	Receipts Yes/No	Date	Description

TOTAL	-

Expenses will be paid to your bank only

I certify that I am not entitled to claim for these expenses from any other organistaion or on an insurance policy	Claimant's signature	Date
I confirm that I have checked these expenses and that they are in accordance with the expenses policy	Authorisation signature	Date

Registered Office: 90 Long Acre, London WC2E 9RA
Registered Company Number: 1714937 Registered Charity Number: 286967