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| **BRITISH SOCIETY FOR HEART FAILURE****BSH MDT Meeting – 1-2 May 2025****TRAVEL GRANT APPLICATION** |

Please complete this Travel Grant application form once you have completed your journey and return with all scanned receipts to accounts@bsh.org.uk by Friday 16 May 2025.

**DECLARATION:**

|  |  |
| --- | --- |
| I confirm that I am a non-consultant healthcare professional | Yes/No\* |
| I confirm that I attended the full BSH MDT Meeting on 25 and 26 April 2024 | Yes/No\* |
| I confirm that, without a travel grant, financial considerations would prevent me from attending the meeting | Yes/No\* |
| I confirm that I live a distance >25 miles radius from the event in Glasgow  | Yes/No\* |
| I confirm that I do not have access to a travel budget and am unable to reclaim travel funds from other sources | Yes/No\* |
| I have enclosed all receipts for my travel costs *(Please note: we will not be able to process your claim until we have received all the related receipts)*  | Yes/No\* |
| **Signature:** | **Date:** |

\* Please delete as applicable

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| **TRAVEL FROM** | **TO** | **DATE/S** |
|  | Leonardo Hotel, Cardiff | 1-2 May 2025 |
| **TRAVEL COSTS TO MAXIMUM OF £100** |
| Train fare: |  |  |
| Air fare: |  |  |
| Taxi/s: |  |  |
| Mileage: .............. miles @ 45p per mile  |  |  |
| Car parking: |  |  |
| Other travelling expenses (please specify): |  |  |
| **TOTAL £:** |  |  |
| **AMOUNT OF CLAIM (TO MAXIMUM OF £100):** |  |  |
| **YOUR PAYMENT DETAILS (payment will be made via direct bank transfer):** |
| Your name:  |  |
| Date: |  |
| Name of account holder:  |  |
| Account number:  |  |
| Sort code:  |  |
| E-mail address (for remittance advice):  |  |

*Please return this form and your receipts by Fridy 16 May 2025.*

For queries regarding payments please contact accounts@bsh.org.uk