

## HOST FAMILY EXPENSES CLAIM FORM

## BATH TUTORIAL COLLEGE LLP

				Date:	DD / MM / YY			
Host Fam	ily:							
Full Nam	e		Telephone	2				
Address _								
Claim for	:							
	Student Name	From DD/M		To DD/MM	Nights			
1								
2								
3								
4								
	Total of nights Payment per night							
			Total homestay fees					
Travellin	g expenses: miles (to and f	rom tuition venue)						
	Student Name	From	То	Date (DD/MM)	Miles Driven			
1								
2								
3								
4								
5 6								
-								
				Total mil	es			
				Payment per m	ile <u>0.45</u>			
				Total mileage p	payable			

## HOST FAMILY EXPENSES CLAIM FORM



BATH TUTORIAL COLLEGE LLP

Additional Expenses (eg. telephone, entertainment, pocket money, etc)

	Student Name	Date (DD/MM)	Details of expense	£			
1							
2							
3							
4							
*Please provide all receipts when possible.Thank you.  Total Expenses							
			Total d	lue:			
Please provide Bank Details for BACS payments:							
	Bank Name:						
Account Name:							
	Sort Code:						
	Account Number:						
	Please provide name if payment by cheque is preferred*						

\*BACS payment is preferred as payments are transferred directly into your bank account and waiting time for postage, paying in the bank and waiting time to be cashed is avoided. We aim to complete payments within 24 - 48 hours after receipt of the completed claim form.

We would like to thank you for your hospitality and care towards our student