|  |  |
| --- | --- |
| NameStreet AddressCity, Post Code | INVOICEInvoice # Date: Date |
| To:Healthcare Infection SocietyMontagu House7E Wakefield StLondon WC1N 1PG |  |

|  |
| --- |
| Please provide your Bank details:Sort coDeAccount NumberAccount holder name |

|  |  |
| --- | --- |
| Working party | TERMS |
| Enter the name for the Working Party | 3 months from occurrence |

**Attendance Fee**

|  |  |  |  |
| --- | --- | --- | --- |
| Rate | DESCRIPTION including meeting date | Fee | TOTAL |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
|  |  | **Subtotal** |  |

**Travel, childcare, carer expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| TyPE | Description, including the date of occurence | UNIT PRICE | TOTAL |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Subtotal |  |

**Additional time spent reviewing documents (must be agreed in advance)**

|  |  |  |  |
| --- | --- | --- | --- |
| Rate | Description including date, Activity, amount of time  | Fee | TOTAL |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |
| Choose an item. |  | Choose an item. |  |

|  |  |
| --- | --- |
| Subtotal |  |
| **TOTAL due** |  |

By completing and sending this form, the claimant is confirming they have not received reimbursement for these expenses from any other source. Please return a completed form to consultations@his.org.uk.