



Don't forget to attach your receipt!



### 16 - 19 BURSARY REIMBURSEMENT CLAIM

**Please attach your receipts - reimbursements cannot be given without them**

Name of claimant:

Item description:

Total Amount:

Bank Details if changed:

Name of claimant:				
Item description:				
	Office Use	VAT	Net (Std)	Net Non-VAT
Account Name:		Account No:	Sort Code:	

I confirm that this claim relates to items purchased for my own use to enable me to remain in learning in accordance with the terms of the 16 - 19 Bursary Fund policy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use	SAGE coding: 76001 PHG BUR			
	Processed by:	Date:	Date of faster payment:	



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