



QUIPROCONE CLAIM FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Individual Name:

Organisation Name:

Membership No (if known):

Project Funding Application No:
(if applicable)

Non – HP Expense Claim No: (if known)

All expenses will be reimbursed in the LOCAL currency or Euros via bank transfer using the banking information that you supply below.

A RECEIPT FOR EACH EXPENSE ITEM MUST BE ATTACHED TO THE CLAIM FORM OTHERWISE REIMBURSEMENT WILL NOT BE POSSIBLE.

Currency that you wish to be paid in:

Date	Amount	Currency code	Description of expense	Expense amount in local currency or Euros
Eg:	565BEF	BEF	Train ticket	27.39 DEM
			Total to be paid in local currency:	

If your claim is in GBP sterling DO NOT complete this section.

BANK DETAILS:	
Name and address of beneficiary's bank:	Name and address of beneficiary:
Bank account no:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Overseas bank code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SWIFT code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signed:
Quiprocone Administrator/Co-ordinator

Signed:
HP Labs Finance

ONCE THE CLAIM FORM HAS BEEN COMPLETED PLEASE POST WITH ATTACHED RECEIPTS TO:
Mrs Christine Lane, QUIPROCONE Administrator, Hewlett Packard Laboratories, Filton Road, Stoke Gifford, Bristol BS34 8QZ