

**MAITS EXPENSE CLAIM FORM**

FULL NAME  
Email(Organisation or personal)

TOTAL AMOUNT CLAIMED  
DATE OF THE CLAIM  
HOST ORGANISATION

DATE OF EXPENSE	Time	DESCRIPTION	AMOUNT	RECEIPT ATTACHED Y/N
		Total		

***Please note we will require ID in the form of CNIC(ID card back and front) or Passport***

For payments out of the UK: <b><i>Please make sure all information is inputted or this will cause a delay in payment</i></b>	For UK payments Complete postal address
Bank Name: _____	
Account name: _____	
IBAN _____	
SWIFT CODE _____	Account name:
Bank full postal Address _____	Bank name:
Beneficiary Full Address _____	Sort code:
NTN Number(For Organisations) _____	
IFSC (For Payments to India) _____	Account No:
Payment Reference _____	

SIGNATURE OF CLAIMANT

APPROVAL

*\* Please ensure all expenses are supported by original and valid receipts. The expense will only be reimbursed on receipt of the Trip report on MAITS format, trainee feedback forms, media with consent*