

Dietetics Placement Expenses Claim Form (London-based Placements)

Name: _____ ID: _____

email address: _____

For remittance notification

Placement dates: _____

Hospital name and location: _____

Address during normal term time: _____

Travel Expenses:			
What Student Discount has been applied to your travel?			
Date	Details and amount of placement travel expenses (1)	Details and amount of usual term-time travel costs (2)	Amount claimed (1) – (2)
Budget Code: LSC11S 3020 S0551			Total

Remember to submit all receipts (not photocopies) with completed claim form	
Student Signature	Date
Authorised Signatory	Date

RETURN COMPLETED FORM TO:
 Dietetics Administrator, School of Human Sciences,
 London Metropolitan University, Room T13-07, 166-220 Holloway Road, London N7 8DB
 If queries please contact Rozi Ayyub Tel: 020 7133 4193, email: r.ayyub@londonmet.ac.uk