## INCLUSION FUND APPLICATION FORM BU



Your details:			
Name:		Student ID:	
Address:			
Mobile: Email: Email:	Cor	urse:	Current year: 1 2 3
Event or activity that you wish to at	ttend:		
Name/description of Students' Union	activity/event:		
Date(s) of activity/event:	Starting Time	e and duration of activity:	
What expense(s) are you applying o	r help with from the Inclusiv	/ity Fund?	
Childcare 🗌 Cost of carer for depen	dant adult 🗌 Travel 🗌 Otl	her, please specify:	
What are the estimated costs that ye	ou wish to claim?		
(eg one hour training session in sign la	anguage, with 60 minutes ret	turn travel, total two hours childca	re at a cost of £x per hour).
			Total: <u>f</u>
Please provide details of the Bank a	ccount into which you want	us to pay your costs:	
Bank name:	Bank address:		
Sort code:		Account name:	
How should it be referenced?			
Please submit this form to: <b>suinclusio</b> Students' Union Inclusion Fund, Quee			ntres, or by post to Bucks
We aim to reply to your application w reserves the right to close the Fund wi			
What happens if my application is suc for the costs you claimed for in order working days of provision of receipts.			
IMPORTANT: if you do not provide s your costs. NO RECEIPT, NO PAYMEN		three months of the activity the	n the Fund will not repay
Office use only:			
Initial application: Approved Not a	approved		
Staff one:			
Sign:	Name:		Date:
Staff two:			
Sign:	_ Name:		_ Date:
Sabbatical Officer:			
Sign:	_ Name:		_ Date:
Student informed by email on (date): -		Attendance confirmed:	
Possints provided:	۸.	mount confirmed by receive(a)	
Receipts provided:	Ar	nount commed by receipt(s) :	

Once completed and receipt/s received signed copy to be given to Finance Office for payment.