



PallMedPro SCE revision Flashcards - Expenses claim form

Name		Date	
Email*			
APM Member Number			
Grade (e.g. ST5, Specialty Doctor)		Region	
Account Number		Sort Code	

DETAILS OF EXPENSES CLAIMED

Description	£	p
PallmedPro Flashcards	30	
Total Claim	30	

By Email (preferred): Please email a copy of this form along with scanned receipts to office@compleat-online.co.uk

By Post: Please attach receipts and send this form to: Association for Palliative Medicine, Lancaster Court, 8 Barnes Wallis Road, Fareham, PO15 5TU

* if you include your email address here, we will email you a brief survey in due course to collect feedback on the APM flashcards discount