CLAIM FOR REIMBURSEMENT OF CONSUMABLES THROUGH DSA

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Course . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

University . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Please complete this form with details of each item to be reimbursed and attach all receipts or invoices as evidence of your purchase(s). Once completed, please return this form to the NHS Wales Student Awards Services at the address below.

*(Please note, claims can take up to 6 weeks to process during busy times)*

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| Details of item  to be reimbursed  (please provide receipts) | Amount | Name and address of supplier |
| *eg photocopying, printer ink, etc.* | *eg £5.50* | *eg The Store, 1 High Street* |
|  |  |  |
|  | |  |
| TOTAL CLAIMED | £ |