

This form must be completed in BLOCK CAPITALS. Claims will be settled by bank transfer using the bank account details held by Payroll. A remittance advice will be sent to your University email address. ALL SHADED FIELDS MUST BE COMPLETED BY THE CLAIMANT.

**LAST NAME**

**FIRST NAME**

**PAYROLL REFERENCE**

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**LAST FOUR DIGITS OF BANK ACCOUNT  
NUMBER USED BY PAYROLL**

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**DEPARTMENT  
NAME**

**UNIVERSITY EMAIL ADDRESS**

**TRAVEL**

*(See Chapter 5b of the Financial Procedures Manual for guidance on completion and the Finance Division website for current rates)*

Date	Purpose of Journey	From Time Left	To Time Arrived	Method e.g. Air/Rail/Car	Mileage claimed at 45p	£	p

**SUBSISTENCE/ACCOMMODATION ALLOWANCE/OTHER EXPENSES**

*(For business entertainment claims please attach details re the purpose of the entertainment, the names of all those in attendance and their institutions)*

Date	Nature of Expense	£	p

I certify that I have incurred expenses of £ \_\_\_\_\_  
and the supporting vouchers are attached.

I hereby apply for a reimbursement of £ \_\_\_\_\_

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

<b>TOTAL EXPENSES</b>	£	p
<b>LESS ADVANCES TAKEN</b>		
<b>TOTAL CLAIM</b>		

**Signature of Departmental Authorisation:**


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**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ACCOUNTING CODES**
**AMOUNT**

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