

Department of Applied Mathematics and Theoretical Physics

STUDENT EXPENSES CLAIM FORM FOR CONFERENCES OR RESEARCH VISITS

STUDENTS MUST APPLY TO THEIR COLLEGES FOR AT LEAST 50% OF EACH CLAIM TOTALLING OVER £200.00. NOTE: SOME COLLEGES WILL DECLINE UNLESS APPROACHED IN ADVANCE.

Name:		College:	
Research Group:		Year: 1 2 3 4 (Please circle)	
Supervisor:			

Name, place and dates of Conference/Meeting/Research visit:	
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Cost of transport:	£
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Subsistence and other expenses: (Please specify)	£
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TOTAL:	£
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LESS: Amounts claimed from other sources (Please give details)	£
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Amount claimed from the Department:	£
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Signed:	Dated:
Please tick the box if you have already submitted a Pre-Application form for this event:	<input type="checkbox"/>
Please tick the box if a Pre-Application form is attached:	<input type="checkbox"/>

Approved: (Supervisor)	Dated:
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After approval by your supervisor please give this form to Jon Foulkes in B1.27

Account to charge:	
Head of Department:	Dated:

ALL RECEIPTS OR EVIDENCE OF EXPENDITURE MUST BE ATTACHED