



Claim for Expenses

PERSONAL DETAILS

Name (BLOCK CAPITALS) _____
 (Please state Prof., Dr., Mrs., Miss, Ms.)

Personnel/ Student Number _____

Address (BLOCK CAPITALS) _____

Preferred payment method is by BACS _____

Sort Code ___ - ___ - ____ _____

Account Number ___ - ___ - ___ - ___ - ___ - ___ _____

EXPENSE DETAILS

	Total Cost (£)
Fares (air, bus, train, taxi etc)	_ _ _ _ _ _ _ _ _ _
Mileage Allowance miles @ p per mile	_ _ _ _ _ _ _ _ _ _
Engine Capacity litres	_ _ _ _ _ _ _ _ _ _
Subsistence/Other Expenses	_ _ _ _ _ _ _ _ _ _
Total	_ _ _ _ _ _ _ _ _ _
<i>Less Finance Office Advance</i>	_ _ _ _ _ _ _ _ _ _
* Net Total	_ _ _ _ _ _ _ _ _ _

CODING DETAILS

Finance Dept Only

<i>Travel</i>	<i>Cost Centre</i>	<i>Account Code</i>	<i>Job Code</i>	<i>Gross Amount (£)</i>	<i>VAT</i>
	_ _ _ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	ZE
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	_ _ _ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	ZE
Subsistence/ Other Expenses	<i>Cost Centre</i>	<i>Account Code</i>	<i>Job Code</i>	<i>Gross Amount (£)</i>	<i>VAT</i>
	_ _ _ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	SU
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Less Advance CR	_ _ _ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	EX
* Note that Net Total from Expense Details must equal Total here ➔					TOTAL

DECLARATION

I certify that the expenses above were incurred by me in connection with

my visit to _____

on (date) _____

for the purpose of _____

In the case of a Research Grant/Contract these are allowable expenses under the Terms and Conditions set by the sponsor.

Signed _____ Date _____
 (claimant)

Authorised _____ Position _____
 (Head of Department or equivalent) (authorised signatory)

FINANCE DEPT. USE ONLY (ADVANCES REFUND)

Refund **DR** |_|_|_|_|_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|_|_|_|_| |_|_|_|_|_|_|_|_|_|

