



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> | VAT |
|---|--------------------|---------------------|-----------------|-------------------------|--------------|
| _ _ _ _ _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ _ _ _ _ | ZE |
| _ _ _ _ _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ _ _ _ _ | ZE |
| _ _ _ _ _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ _ _ _ _ | ZE |
| _ _ _ _ _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ _ _ _ _ | ZE |
| Subsistence/ Other Expenses | <i>Cost Centre</i> | <i>Account Code</i> | <i>Job Code</i> | <i>Gross Amount (£)</i> | VAT |
| _ _ _ _ _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ _ _ _ _ | SU |
| _ _ _ _ _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ _ _ _ _ | SU |
| _ _ _ _ _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ _ _ _ _ | SU |
| _ _ _ _ _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ _ _ _ _ | SU |
| 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** |_|_|_|_|_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|_|_|_|_|

