



Application For Advance

Claim Number **A**

Name	Grade/Status	University/ College	Bldg.	Room	Tel. Ext.

Private Address

.....

(or address to which advance should be sent if different)

Please arrange payment by: Cash at cash Office/Personal cheque/Credit to Bank (delete as appropriate)

If payment is to be made by Bank Credit please give details in box below

I request an advance of £ : in respect of travelling or other expenses to be incurred by me as detailed below. (The amount

Requested should be to the nearest £1 below the estimate).

Date of departureProposed period of absence

(nights)

Places to be visited

.....

Estimated expenditure: Incidental fares or Car Mileage -----

Subsistencenights @ -----

.....nights @ -----

.....nights @ -----

Other expenditure -----

TOTAL

UNDERTAKING: I UNDERTAKE TO SUBMIT A CLAIM in the approved manner WITHIN 14 DAYS OF THE VISIT. I understand that FAILURE TO SUBMIT A CLAIM FORM may result in CCLRC WITHHOLDING THE ISSUE OF A SECOND ADVANCE until the previous advance has been cleared.

I also undertake to repay any amount outstanding if I leave my current employment.

Signature Date

...../...../.....

I confirm that the Applicant has been instructed to make the visits stated and I recommend that this application be granted.

Countersigned Grade Date/...../.....

.....

FOR CLAIMS OFFICE USE

DATE OF INPUT	STAFF INT	CLAIM NO	BANK DETAILS								
			SORT CODE		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			ACC NUMBER		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AMOUNT PAID			BANK NAME -----								
COMMENTS			TOWN -----								

18-12-01