



EXPENSES CLAIM

Expenses A/c	P	Claimant's Name

(If you do not have an expenses account no. allocated to you and you are not located at the College, complete the address details on the reverse)

Figure 1 consists of two horizontal lines representing reference frames. The left line, labeled 'Your ref', has 10 evenly spaced tick marks. The right line, labeled 'Our ref', also has 10 evenly spaced tick marks, with the first two labeled 'P' and 'L' respectively.

Total Claim	£	<div style="border: 1px solid black; width: 200px; height: 30px; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0;"></div> <div style="position: absolute; left: 25%; top: 50%; transform: translate(-50%, -50%);">■</div> </div>	Foreign Currency Amount	<div style="border: 1px solid black; width: 200px; height: 30px; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0;"></div> <div style="position: absolute; left: 75%; top: 50%; transform: translate(-50%, -50%);">■</div> </div>	Claim Date	<div style="border: 1px solid black; width: 200px; height: 30px; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0;"></div> <div style="position: absolute; left: 25%; top: 50%; transform: translate(-50%, -50%);">-</div> <div style="position: absolute; left: 75%; top: 50%; transform: translate(-50%, -50%);">-</div> </div>
			(if applicable)			

Enter any special instructions:

DATE	BUSINESS PURPOSE & DETAIL OF JOURNEY OR EXPENSE	Item No	Miles	Rate	VALUE
Total C/F from reverse if applicable*					
TOTAL					

***If your claim will not fit into the space provided here start on the reverse side of this form and then carry forward the total to this side**

CODING ANALYSIS

CENTRE	FUND	EXPENSE	VAT	VALUE
TOTAL				

Continued/end

I certify that this claim is for the reimbursement of expenses necessarily incurred by me on College business, in compliance with the College's Travel, Subsistence and Personal Expenses Policy and Procedures. No previous or additional claim has or will be made for these expenses. Original Invoices and receipts for the amounts paid are attached (credit card slips and airline tickets are not on their own acceptable substitutes).

Signed by: _____

Date _____

Claim Endorsed: Research project supervisor: _____
(if applicable)

Date _____

Authorised by: School/Dept. Signatory:

Date _____

Please print your name in capitals after your signature.

[illegible]

*please supply the BIC /Swift Code and the IBAN number if your bank account is outside the UK.

Name of Bank	
Account Name	
Bank/Branch No*	
Account No	
Bank Address	

Details of Expenses

[illegible]