

Expenses Claim Form

for University Visitors

PLEASE COMPLETE IN BLOCK CAPITALS AND READ NOTES ON REVERSE

PERSONAL INFORMATION

Title	Surname	First Name	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			
<input type="text"/>			

EXPENSES

Date of Travel/Period Covered	Invited By	Department Visited
<input type="text"/>	<input type="text"/>	<input type="text"/>

Purpose of Visit

MILEAGE (For travel in private vehicle only)

Postcode From	Postcode To	Return	Distance	Amount	Currency	Rate	Total
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> miles @ <input type="text"/> /mile	<input type="text"/>	<input type="text"/>	<input type="text"/>	A

TRAVEL/SUBSISTENCE RECEIPTS (Please ensure receipts are numbered and attached)

No.	Date	Description	Amount	Currency	Rate	Total

(Please ensure that all of the total boxes to the right are in the currency indicated below)

Travel/Subsistence Total:

Please pay this claim in: GBP Other:

Expense Claim Total:

BANK DETAILS

Name of Account Holder(s)

Account/IBAN	Sort Code/SWIFT-BIC	Routing/ABA Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Name & Address:

DECLARATION

The above expenses have been incurred in the course of University business. No other claim in respect of any of the above is being made against the University or any other agency. I have read the notes on the reverse of this form and this claim is in accordance with these notes.

Claimant's Signature

Date:

Authorisation (Department)

Print:

Date:

Authorisation (Financial)

Print:

Date:

FOR OFFICE USE

Account	Project	Product	Tax	Amount	GL Description

Voucher