



EXPENSES CLAIM

Expenses A/c 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)
 Location

Your ref Our ref

Total Claim £ Foreign Currency Amount Claim Date
(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).

	SIGNATURE	PRINT NAME	DATE
CLAIMANT:			
MANAGER/RESEARCH P.I.:			
DEPARTMENT AUTHORISATION:			

FULL NAME AND ADDRESS: (Enter the address to which the cheque should be sent if you do not have an Expense Account No (P*****) and you are not located at the College)

BANK ACCOUNT DETAILS:

*For bank accounts held outside the UK, please supply BIC/Swift Code and also the IBAN number for accounts held within Europe.

Name of Bank	
Account Name	
Account No	
Sort Code or BIC/Swift Code	
IBAN No (Europe only)	
Bank Address	

Start the details of your claim on this page if they will not fit on the front page.

Details of Expenses

DATE	BUSINESS PURPOSE & DETAIL OF JOURNEY OR EXPENSE				VALUE	
		Item No	Miles	Rate		
TOTAL (carry forward to front page)						