



Surname:

Forename:

Department:

Staff payroll number:

Staff/Student/Visitor:

Address:

Email Address:

**Please Note: All receipts are to be sent to Accounts Payable team in Finance within 3 months of the date of the expenditure.**

<b>MANDATORY</b> - Reason for incurring expenses:	HEAT ID (If relevant): <input type="text"/>
	<input type="text"/>

Total Mileage:

Subsistence:

Travel:

Foreign currency:

Other expenses:

**Total expenses claimed:**

Less advance:

**Net Expenses claimed:**

Bank Name:	<input type="text"/>
Bank Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Sort Code:	<input type="text"/>
Account Number:	<input type="text"/>
IBAN :	N/A
Routing No. (US)	N/A
Swift Code	<input type="text"/>
Swift Code (EU)	N/A

<b>Account Code</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Budget Code</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Amount</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I CERTIFY THAT: The Expenses claimed have been incurred by me solely on College business in accordance with the Financial Regulations and the College Travel Policy. **Proof of expenditure has been provided.**

CAR MILEAGE CLAIMS ONLY: I certify that my motor insurance policy is endorsed to give complete indemnity for business use as required by the Financial Regulations. I also certify that the number of business miles claimed within the current tax year has not exceeded 10,000 miles.

Claimant's signature:

Claimant's name:

Approved by  
(Head of Dept / Authorised Signatory)

Print name:

Date:

Date:

**Note: No participant of any events being claimed, should approve the claim.**

Signatory Ref. Code

**Payment Information: payment will only be made by BACS transfer if the claimant has a UK address**

Please indicate as appropriate (Yes / No)

I already have a BACS transfer set up	<input type="text"/>
I already have a BACS transfer set up but my details have changed	<input type="text"/>
I need a BACS transfer to be set up	<input type="text"/>

Please indicate (Yes / No)

An Encashment Letter is required	<input type="text"/>
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Approved by Finance

Date:

**Mileage**

Date	Details of journey (including start and finish points)	Miles claimed from campus to site	Miles claimed from site to campus	Mode of Transport	Mileage Rate	Claim
<b>Total Mileage Claim (£):</b>						

**Travel**

Date	Details of Claim	Mode of travel	Claim (£)
<b>Total Travel Claim (£):</b>			

