

EXPENSES CLAIM FORM

Office Use: Supp No.

Name _____

Staff Number: **p 0 0**

Telephone / Extn No.: _____

School/Directorate: _____

Non-Staff only: please provide your address or bank details

Address _____

Bank name _____

Sort Code _____

Account No. _____

See General Guidance on Page 2

Part A. All claims except mileage claims (see notes below right)

Rec Ref	Date incurred	Times Left – Returned	Purpose of journey / expenditure	Destination (Start / Finish)	Local Currency	£
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Sub-Tot						
Mileage (overleaf)						
Less Expenses						
TOTAL						

Signature of Claimant: _____ Date: _____

I certify that the amounts claimed in Part A and/or Part B arise from University business, and have read and understood the guidance notes.

Authorising Signature (approving claim): _____ Date: _____

GUIDANCE NOTES – PART A				
Receipt Reference: The receipt reference is to be marked on the corresponding receipt.				
Date: The date on which the expenditure was incurred.				
Times: This only applies to claims for meals.				
Purpose: Type of expenditure involved, a general description of activity (accommodation, travel, meal, etc), and the reason why incurred.				
Destination: Include the start and end point of journey, and places visited.				
SUMMARY CODING (Part A only – all claims except mileage claims)				
COST	ACCT	ACTIV	JOB	£

CLAIM FORMS RECEIVED IN THE PAYMENTS OFFICE BY THE 20TH OF THE MONTH WILL BE INCLUDED IN THAT MONTH'S SALARY PAYMENT

See General Guidance (right)

Part B. Mileage Claims for use of own vehicle (see notes below for Part B)

Car Make _____ Registration _____

Exact cc _____

Date of Travel	Mileage Rate	No of miles	Reason for Travel / Destination

Mileage Total
(miles)

Mileage Rate
(pence)

Mileage Claim
(£)

GUIDANCE NOTES: GENERAL

1. Please send this form on completion to your School/Directorate Finance Officer. Authorised claims forms should be forwarded to the Finance Dept, Payments Section (attn. Expenses Administrator) for payment.
2. **Two** signatures - that of the claimant and the authorised signatory - are required to authenticate the claim. The authorised signatory is the authorised signatory for the budget, **not** the Finance Directorate.
3. Incomplete forms will be returned to the claimant – **cost centre, activity and account codes are mandatory fields: forms cannot be processed without this minimum coding information.**
4. All forms should be supported by receipts and may be returned if they are not. Valid claims received by the Payments office **by the 20th of the month** will normally be paid at the month end.
5. The local currency should be converted to £ Sterling using the rate given by the Expenses Administrator if expenses are in foreign currency.
6. If you have any queries, please contact the Expenses Administrator (extn 3147).

GUIDANCE NOTES – PART B

1. Staff should use the method of transport which is most economic for the University, taking account of cost and lost working time. In most cases for journeys greater than 60 miles, the most economic method will be by hire car or public transport.
2. Employees must ensure that their own insurance policy indemnifies themselves against third party claims arising out of the use of their private vehicle on University business. You are advised to ensure that your policy is adequate for business use.
3. Each school and directorate is free to set its own mileage rate(s) up to a maximum of the standard University rate (2005: £0.40 / mile); otherwise, the University rate applies. If the payment is at a rate lower than the standard University rate, please state the rate in the mileage rate column. Otherwise, the column may be left blank.

SUMMARY CODING (Part B only – mileage claims)

COST	ACC	ACTIVITY	JOB CODE	£
	SFA			
	SFA			
	SFA			
	SFA			
	SFA			