EXP	**UNIVERSITY OF BRISTOL**	**EXPENSE CLAIM FORM**	EXP
	DEPARTMENT:	**PLEASE PRINT CLEARLY**	

NB: This form is only to be used to claim re-imbursement of personal expenditure in accordance with University of Bristol Financial Regulations

C L A I M A N T:

SURNAME

FIRST NAMES

PAYROLL No

Cheques for members of staff will only be sent to the department named above. Other claiments should enter their address below.

Post Code:

If this instruction is different to your last claim please tick this box >

Summary of claim: Dates From .... To .... **Dep't Ref No:**

Reason for payment: >>

Charge to GRANT No:

	N B Please give full details over and attach supporting docs	Summary £	p

DECLARATION

I declare that the total claimed has been incurred by me solely in the course of the University's business and does not include costs incurred in travelling between my home and normal place of work.

I confirm that I have not claimed any of these expenses before nor will claim them from any other source.

I hereby claim reimbursement.

Signed: --

Dated:

Detail	£	p
Mileage @ p		-
Mileage @ p		-
Other travel		-
Accommodation		-
Subsistence		-
Other incidentals (receipts attached)		-
Telephone (log attached)		-
Postage (log attached)		-

AUTHORISATION

This claim is correct and in order for payment.

Signed: Unit Head

Dated:

** TOTAL INCURRED £   **-**

The signatory must be an authorised signatory, and also senior in status to the claimant.

If you received an advance please enter amount >>>> **£**   **-**

Note 1   The University will normally pay second class return fare.

Persons travelling by car claim .... p per mile for the

first 100 miles of each journey dropping to .... p per mile

thereafter.   (See Financial Regulations for current rates)

Note 2   Original receipts should be produced. Credit card vouchers or statements are not accepted as proof by HMRC

Note 3   Personal expenses (eg Alcoholic drinks) and third party expenses are not allowable

FOR ADMIN USE ONLY	Ext Ref 1	
	Ext Ref 2 Order No:	
	Ext Ref 3 Other Dep't Ref:	

Charge Codes					Description
EL1	EL2	EL3	£	p	

Expenses Allowable	Rates / Calculations Correct	**TOTAL**	**-**	For Finance Office use only
		Must equal total expenses less advance if any **		Doc Type / Invoice No.
Initial when checked				E X P G E N 2 FO RL 19 5 06

DETAILS OF CLAIM:

Date	Route or Destination	Purpose of Journey	No of Car Miles	Other Travel	Costs of Other Travel		Subsistence			Incidental Expenses		
					£	p	Details	£	p	Details	£	p
						-			-			-
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				TOTAL >> £		-	**TOTAL >> £**		-	**TOTAL >> £**		-