

CLAIMANT:
 (Name, Title & ALL initials)

Cheques will normally be sent c/o the department named above unless an alternative address is given below.

Post Code: _____

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

TRAVEL DATES: From _____ To _____ **Dep't Ref No:** _____

Charge to GRANT No:	N B	Please give full details over and attach supporting docs		Summary
REASON FOR TRAVEL _____ _____ DESTINATION: _____		Conference fee _____ Mileage _____ @ _____ p Mileage _____ @ _____ p <i>(Current car mileage rate ____ p per mile)</i> Other travel *** <i>Second class return fare.</i> Accommodation *** Subsistence *** Other / Miscellaneous ***	£	p
DECLARATION		** TOTAL EXPENSES CLAIMED		
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.		Note 1 Original receipts should be produced. Credit card vouchers or statements are not accepted as proof by Inland Revenue. Note 2 Personal expenses (eg Alcoholic drinks) and third party expenses are not allowable		
Signed: _____ Dated: _____		Signed: _____ Unit Head Dated: _____		
AUTHORISATION				
This claim is correct and in order for payment.				

FOR ADMIN USE ONLY	Ext Ref 1	
	Ext Ref 2 Order No:	
	Ext Ref 3 Other Ref:	

Charge Codes			£		Description
EL1	EL2	EL3			

Expenses Allowable	Rates / Calculations Correct	TOTAL			For Finance Office use only
		Must equal total expenses claimed at **			Doc Type / Invoice No.
Initial when checked			E X P T R A V 1 FO RL 2 7 98		