

Batch:	G	F												
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PV Number:	P	V												
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**EXPENSES CLAIM FORM FOR NON-EMPLOYEES**

This form must be completed in BLOCK CAPITALS. Please attach **ALL ORIGINAL ITEMIZED RECEIPTS.**

CLAIMANT'S DETAILS									
LAST NAME:		TITLE:		FIRST NAME:					
EMAIL ADDRESS:					DEPARTMENT:	DIVINITY			
AREA OF RESEARCH:	<b>HEBREW, JEWISH &amp; EARLY CHRISTIAN STUDIES SENIOR SEMINAR</b>								
RELATIONSHIP TO FACULTY:	Guest Lecturer		Student		Interview Candidate		Other		
POSTAL ADDRESS:									

**TRAVEL EXPENSES**

*(See Chapter 5b of the Financial Procedures Manual for guidance on completion and the Finance Division website for current rates)*

Date	Time Left	Time Arrived	Method Of Travel	Mileage (Claimed at 45p)	Cost
					£
					£
					£

Purpose of Journey/s:	

**OTHER EXPENSES**

*(For business entertainment claims please attach details re the purpose of the entertainment, the names of all those in attendance and their institutions)*

Date	Nature of Expense:	Cost
		£
		£
		£

**TOTALS & CLAIMANT'S SIGNATURE**

I certify that I have incurred expenses of: £	
and the original receipts/supporting vouchers are attached.	
I hereby apply for a reimbursement for: £	
Signed:	Date:

Alternate Currency Required:	
<b>Total Expenses:</b>	£
Less Advances Taken:	£
<b>Total Claim:</b>	£

**TO BE COMPLETED BY ACCOUNTS DEPARTMENT:**

Authorisation Signature:	
Print Name:	
Amount:	£
SHARED SERVICES PROCESSED:	
G	F

Accounting Codes:						
U	G	F	G	F	S	F
E	Z	Z	Z			
HEBREW, JEWISH & EARLY CHRISTIAN STUDIES SENIOR SEMINAR						