

Batch:	G	F												
--------	---	---	--	--	--	--	--	--	--	--	--	--	--	--

PV Number:	P	V												
------------	---	---	--	--	--	--	--	--	--	--	--	--	--	--



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:	WORLD CHRISTIANITIES SENIOR SEMINAR									
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:	_____
Total Expenses:	£ _____
Less Advances Taken:	£ _____
Total Claim:	£ _____

TO BE COMPLETED BY ACCOUNTS DEPARTMENT:

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

Accounting Codes:						
U	G	F	G	F	S	G
E	Z	Z	Z			
WORLD CHRISTIANITIES SENIOR SEMINAR						