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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:				D SOCIETY 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:	
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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	N	E
E	Z	Z	Z			
D SOCIETY SENIOR SEMINAR						