

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>HISTORY OF CHRISTIANITY 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:	_____
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<b>Total Expenses:</b>	£	_____
Less Advances Taken:	£	_____
<b>Total Claim:</b>	£	_____

**TO BE COMPLETED BY ACCOUNTS DEPARTMENT:**

<b>Authorisation Signature:</b>		
<b>Print Name:</b>		
<b>Amount:</b>	£	
<b>SHARED SERVICES PROCESSED:</b>		
G	F	

<b>Accounting Codes:</b>						
U	G	F	G	F	N	F
E	Z	Z	Z			
<b>HISTORY OF CHRISTIANITY SENIOR SEMINAR</b>						