EXPENSES CLAIM FORM FOR NON-EMPLOYEES
This form must be completed in BLOCK CAPITALS. Please attach ALL ORIGINAL ITEMIZED RECEIPTS.

CLAIMANT’S DETAILS

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>TITLE:</th>
<th>FIRST NAME:</th>
</tr>
</thead>
</table>

EMAIL ADDRESS: [enter email address]

DEPARTMENT: DIVINITY

AREA OF RESEARCH: PATRISTICS SENIOR SEMINAR

RELATIONSHIP TO FACULTY: [select option]
- Guest Lecturer
- Student
- Interview Candidate
- Other

POSTAL ADDRESS: [enter address]

TRAVEL EXPENSES

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Left</th>
<th>Time Arrived</th>
<th>Method Of Travel</th>
<th>Mileage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>£</td>
</tr>
</tbody>
</table>

Purpose of Journey/s: [describe purpose(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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of Expense:</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>£</td>
</tr>
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<td>£</td>
</tr>
</tbody>
</table>

TOTALS & CLAIMANT’S SIGNATURE

I certify that I have incurred expenses of: £ [enter total amount]
and the original receipts/supporting vouchers are attached.

I hereby apply for a reimbursement for: £ [enter amount]

Signed: [name] Date: [enter date]

Alternate Currency Required: [enter if needed]

Total Expenses: £ [enter total]

Less Advances Taken: £ [enter amount]

Total Claim: £ [enter total]

TO BE COMPLETED BY ACCOUNTS DEPARTMENT:

Authorisation Signature: [signature]

Print Name: [name]

Amount: £ [enter total]

Accounting Codes:

U G F G F S D
E Z Z Z

PATRISTICS SENIOR SEMINAR

Completed forms should be sent to: Accounts, Faculty of Divinity, West Road, Cambridge, CB3 9BS