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| Batch: | G | F | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
|------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 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: | | | | RELIGIOUS STUDIES 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 | C |
| E | Z | Z | Z | | | |
| RELIGIOUS STUDIES SENIOR SEMINAR | | | | | | |
| | | | | | | |
| | | | | | | |