|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | **OLD TESTAMENT 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**  |
| jj(*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: | £  |  | Alternate Currency Required: |  |
|  |
|  | and the original receipts/supporting vouchers are attached. |  | **Total Expenses:** | £ |  |
|  | I hereby apply for a reimbursement for: | £ |  | Less Advances Taken: | £ |  |
|  | Signed: |  | Date: |  |  |  |  | **Total Claim:** | **£** |  |
|  |
| **TO BE COMPLETED BY ACCOUNTS DEPARTMENT:**  |
|  |
| **Authorisation Signature:** |  | **Accounting Codes:** |
|  |  | **U** | **G** | **F** | **G** | **F** | **S** | **B** |
| **Print Name:**  |  |  | **E** | **Z** | **Z** | **Z** |  |  |  |  |
|  |  | **OLD TESTAMENT SENIOR SEMINAR** |
| **Amount:**  | **£** |  |  |
| **SHARED SERVICES PROCESSED:** |  |  |
| **G** | **F** |  |  |  |  |  |  |  |  |  |  |  |  |

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