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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:** | | **WORLD CHRISTIANITIES SENIOR SEMINAR** | | | | | | | | | | | | | | | | |
| **RELATIONSHIP TO FACULTY:** | | | | Guest Lecturer | |  | Student | | |  | Interview Candidate | | | |  | Other |  | |
| **POSTAL ADDRESS:** | |  | | | | | | | | | | | | | | | | |

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| **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 | | | | |
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|  | | Purpose of Journey/s: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | |
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| **TOTALS & CLAIMANT’S SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 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:** | | | | **£** | | | |  |
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| **TO BE COMPLETED BY ACCOUNTS DEPARTMENT:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Authorisation Signature:** | | | | | | | | | | | | | | | | | | |  | | **Accounting Codes:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | **U** | | | | | **G** | | | | | **F** | | **G** | **F** | | **S** | | **G** | |
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| **Amount:** | | | | | | | | | **£** | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |
| **SHARED SERVICES PROCESSED:** | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |
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*Completed forms should be sent to: Accounts, Faculty of Divinity, West Road, Cambridge, CB3 9BS*