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| SECTION A - Personal & vehicle details please complete in block capitals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | | | | | | | | | | | **Vehicle Reg. No.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department**  **(SU Staff & Students only)** | | | | | | | | | | | | | | | | **Claimant’s reference** | | | | | | | | | | |  |  | |  |  | |  | | |  | |  | |  | | |  | | | |  | |
| **Address to which Remittance Advice is to be sent (Non-Staff and Visitors only)**  …………………………………………  …………………………………………  …………………………………………  ………………………………………… | | | | | | | | | | | | | | | | Please tick appropriate box Vehicle owned by me  Vehicle owned by University  Vehicle hired by University  Health Science staff on protected NHS rates | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Post Code** | | | |  |  |  |  |  | | | | | | | | | | |  | |  |  | |  | | | | | | | | | | | | | | | | | | | | |  | | |
| **E-mail address** | | | | | | | | **TO BE COMPLETED BY SU STAFF & STUDENTS ONLY** | | | | | | | | | | | | | | | | | | **TO BE COMPLETED BY VISITORS AND OTHER NON-STAFF CLAIMANTS ONLY** | | | | | | | | | | | | | | | | | | | | | | |
| **Tel / Ext No** | | | | | | | | **Staff No** | | | | |  | | |  | |  | |  | | |  | |  | **Bank Sort Code** | | | | | |  |  | |  | |  | |  | |  | | |  | |  | | |
|  | | | | | | | | **Student No** | | | | |  | | |  | |  | |  | | |  | |  | **Bank Account No** | | | | | |  |  | |  | |  | |  | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | **Account Holders Name** | | | | | | | | | | | | | | | | | | | | | | |
| **The following sub codes must be used where appropriate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5830** SU Staff UK Travel & Subsistence | | | | | | | **5870** SU Staff Training | | | | | | | | **5900** UK Travel & Subsistence (Non SU Staff & Students) | | | | | | | | | | | | | | **5850** Conference Expenses | | | | | | | | | | | | | | | | | | |
| **5840** SU Staff Overseas Travel & Subsistence | | | | | | | **5890** Entertainment & Hospitality | | | | | | | | **5910** Overseas Travel & Subsistence (Non SU Staff & Students) | | | | | | | | | | | | | | Other codes must be specified | | | | | | | | | | | | | | | | | | |
| SECTION B - SUMMARY OF EXPENSES CLAIMED (FULL DETAILS TO BE PROVIDED OVERLEAF & original RECEIPTS ATTACHED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sub-Project** | | | | | | | | | | | **Account** | | | | | | | **Description** | | | | | | | | | | | | | | | | **£** | | | | | | | | **p** | | | | | | | |
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| **Less Advance Received** | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| **Balance Claimed** | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| SECTION C - Declaration and Certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declaration I declare that the expenses claimed are in accordance with the approved scales of payment as set out in section E8 of the University’s Financial Policies and Procedures and that no other claim has been or will be made for this expenditure against the University or any other organisation. The claim for subsistence does not exceed the actual costs incurred. Where I have used my own vehicle on University business my insurance policy covers me for business use.  ………………………………………………  Claimant’s Signature  Date……………. | | | | | | | | | | | | | | | | | | Certification I certify that the expenses claimed were necessarily incurred on University business and comply with the University’s approved scheme for the reimbursement of travel & subsistence expenses. Where receipts are required under the University’s Financial Policies & Procedures I confirm that the original copies are attached, have been checked and are legitimate.  …………………………………………………  Authorised Signatory’s Signature  Date……………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION D - Finance Department Use Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Advance Number** | | | | | | |  | | | | | | | | | **Batch Number** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Exchange Rate** | | | | | | |  | | | | | | | | | **Passed By** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Remittance Advice Details** | | | | | | |  | | | | | | | | | **Creditor Number** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

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| SECTION E - TRAVEL & EXPENSES DETAILS - EACH ELEMENT OF THE CLAIM SHOULD BE SEPARATELY ITEMISED (ORIGINAL RECEIPTS MUST BE ATTACHED) | | | | | | | | | | | | | |
| Date | Start Time | Departure from (home or office) | Place(s) Visited | Purpose of Visit / Expenses | | | Finish Time | Return to (home or office) | Mileage Claimed <120 Miles | Mileage Claimed >120 Miles | | Subsistence, Hospitality & Other Expenses | |
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|  |  |  |  |  | | Total Mileage | |  |  |  | |  |  |
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|  |  | | Sub Total | |  | A | B | |  |  |
|  | |  | Total subsistence, hospitality & other expenses claimed | | | | |  |  |  |
|  | Total Mileage Claimed equals A + B | | | | |  |  |  |
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| SECTION F – HOSPITALITY & ENTERTAINMENT – THE FOLLOWING ADDITIONAL INFORMATION MUST BE PROVIDED FOR HM REVENUE & CUSTOMS PURPOSES | | | | | | | |
| Date | Reason for Hospitality | Name | Organisation | Name | Organisation | Name | Organisation |
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