



EXPENSES CLAIM

Expenses A/c Claimant's Name

(If you do not have an expenses account no. allocated to you and you are not located at the College, complete the address details on the reverse)
 Location

Your ref Our ref

Total Claim £ Foreign Currency Amount Claim Date
(if applicable)

Enter any special instructions:

DATE	BUSINESS PURPOSE & DETAIL OF JOURNEY OR EXPENSE	Item No	Miles	Rate	VALUE	
Total C/F from reverse if applicable*						
TOTAL						

*If your claim will not fit into the space provided here start on the reverse side of this form and then carry forward the total to this side

CODING ANALYSIS

CENTRE	FUND	EXPENSE	VAT	VALUE
TOTAL				

Continued/end

I certify that this claim is for the reimbursement of expenses necessarily incurred by me on College business, in compliance with the College's Travel, Subsistence and Personal Expenses Policy and Procedures. No previous or additional claim has or will be made for these expenses. Original Invoices and receipts for the amounts paid are attached (credit card slips and airline tickets are not on their own acceptable substitutes).

	SIGNATURE	PRINT NAME	DATE
CLAIMANT:			
MANAGER/RESEARCH P.I.:			
DEPARTMENT AUTHORISATION:			

